FISS PC PRINT

Fiscal Intermediary Standard System
Version 5.0.1
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Table of Contents

Chapter 1 ---- 6

Introduction ---- 6
Description and Use ---- 6
Benefits of the PC Print program ---- 7
Technical Support ---- 7
Comments ---- 7

Chapter 2 ---- 8

Glossary ---- 8
Table of Acronyms ---- 8

Chapter 3 ---- 9

Getting Started ---- 9
Installation Software ---- 9
Uninstall Process ---- 9
Installation ---- 9
Running the PC Print Program ---- 11
ERA Version Information ---- 11
ERA Version 5010 ---- 11
Printer Setup ---- 12
General Text Print File ---- 13

Chapter 4 ---- 14

Menu Bar Options ---- 14
Accessing the Screen ---- 14
File Option ---- 15
Edit Option ---- 16
View Option ---- 17
Admin Option ---- 18
Help Option ---- 23

Chapter 5 ---- 24

Tool Bar Options ---- 24
X12 Button ---- 24
SL Button ---- 28
PS Button ---- 29
BS Button ---- 30
AC Button ---- 31
SC Button ---- 33
Printer Button ---- 34
GCR Button ---- 35
BUS.SCE. Button ---- 38

Chapter 6 ---- 41

Printing Options ---- 41
Printing the 'Single Claim' Report ---- 41
Printing the 'All Claims' Report ---- 42

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Printing the 'Provider Summary' Report ---- 42
Printing the 'Bill Summary' Report ---- 42
Print Example A ---- 43
Print Example C ---- 45
Print Example D ---- 46
Print Example E ---- 47

Chapter 7 ---- 48

Find Options ---- 48
Find Options General ---- 48
Single Claim Find ---- 49
All Claims Find ---- 52
Find carc/rarc ---- 58

Chapter 8 ---- 60

Processing Procedures ---- 60
Loading New Data File and PC Print Process ---- 60

Chapter 9 ---- 69

System Layout/Mapping ---- 69
All Claims Report ---- 69
Single Claim Report ---- 74
Bill Type Summary Report ---- 82
Provider Payment Summary Report ---- 87
Home Health / Hospice All Claims Report ---- 90
Home Health / Hospice Single Claim Report ---- 95

Revision Log ---- 104

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Table of Figures

Figure 1. Printer Setup - Toolbar Option Screen Layout....12
Figure 2. Printer Setup Dialog Box – Printer Drivers Screen Layout....13
Figure 3. Accessing the Screen - Screen Layout....14
Figure 4. File – Tool Bar Function Screen Layout....15
Figure 5. Edit - Toolbar Option Screen Layout....16
Figure 6. View – Toolbar Option Screen Layout....17
Figure 7. Admin – Toolbar Option Screen Layout....18
Figure 8. Intermediary Setup Dialog Box Screen Layout....19
Figure 9. Provider Setup Dialog Box Screen Layout....20
Figure 10. Provider Setup Dialog Box Example Screen Layout....22
Figure 11. Help – Toolbar Option Screen Layout....23
Figure 12. X12 Button – Open Data File Dialog Box Screen Layout....24
Figure 13. Data File Dialog Box Screen Layout....25
Figure 14. Data File Segments and Deblocked Segments Screen Layout....26
Figure 15. Data File Segments and Detail Data Elements Screen Layout....27
Figure 16. SL (Segment List) Button Screen Layout....28
Figure 17. PS (Provider Summary) Button Screen Layout....29
Figure 18. BS (Bill Summary) Button Screen Layout....30
Figure 19. AC (All Claims) Button Screen Layout....31
Figure 20. Active Scroll Bar Screen Layout....32
Figure 21. SC (Single Claim) Button Screen Layout....33
Figure 22. Printer Button Screen Layout....34
Figure 23. GCR (Group, CARC, RARC) Button Screen Layout....35
Figure 24. GCR Code Search Option Screen Layout....36
Figure 25. GCR Display Full CARC/RARC Description Buttons Screen Layout....37
Figure 26. BUS.SCE (Business Scenario) Button Screen Layout....38
Figure 27. Business Scenarios – Code Combination Listing Screen Layout....39
Figure 28. Business Scenario Dialog Box Screen Layout....40
Figure 26. Print Example A Screen Layout....43
Figure 27. Print Example B – Print All Items Screen Layout....44
Figure 28. Print Example C - Screen Layout....45
Figure 29. Print Example D....46
Figure 30. Print Example E – Print Marked Items Screen Layout....47
Figure 31. Find Options General Screen Layout....48
Figure 32. Single Claims Find Option Screen Layout....49
Figure 33. Find Dialog Box Screen Layout....50
Figure 34. Single Claim Screen Layout....51
Figure 35. All Claims Find Feature Screen Layout....52
Figure 36. All Claims Find – AC Button Screen Layout....53
Figure 38. All Claims (AC) Search Results Screen Layout....55
Figure 39. SC (Single Claim) Format Screen Layout....56
Figure 40. SC (Single Claim) Screen Layout....57
Figure 41. CARC/RARC Find Option Screen Layout....58
Figure 42. Find CARC/RARC Dialog Box Screen Layout....59
Figure 43. Blank SL (Segment List) Screen Layout....60
Figure 44. X12 Button – Open Dialog Box Screen Layout (1 of 2)....61
Figure 45. X12 Button – Open Dialog Box (2 of 2)....62

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Figure 46. Data File in Segment List (SL) Format Screen Layout (1 of 2)....63
Figure 47. Data File in Segment List (SL) Format Screen Layout (2 of 2)....64
Figure 48. Provider Summary (PS) Screen Layout....65
Figure 49. Bill Summary (BS) Screen Layout....66
Figure 50. All Claims (AC) Screen Layout....67
Figure 51. Single Claim (SC) Screen Layout....68
Figure 52. Mapping 5010 835 to All Claims Report Header Layout....69
Figure 53. Mapping 5010 835 to Single Claim Report Layout....74
Figure 54. Mapping 5010 835 to Single Claim Report Layout – Service Lines....80
Figure 56. Mapping 5010 835 to Provider Payment Summary Report Layout....87
Figure 57. Mapping 5010 835 to All Claims Report Header Layout....90
Figure 58. Mapping 5010 835 to Single Claim Report Layout....95
Figure 59. Mapping 5010 835 to Single Claim Report Layout – Service Lines....101

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CHAPTER 1

INTRODUCTION

This section provides knowledge on PC Print as well as explains the benefits of using this system.

DESCRIPTION AND USE

The PC based ANSI ASC X12.835 translator program (PC Print) is an interactive program written for the IBM PC and compatibles. It allows the viewing and printing of the Medicare Part A Electronic Remittance Advice received by the Provider in the form of an ANSI ASC X12.835 Electronic Remittance Advice.

The primary purpose of the program is to produce a paper remittance advice containing all of the data residing within the ANSI ASC X12.835 Electronic Remittance Advice transmission. The intent of the paper remittance advice is to facilitate Accounts Receivable processing for the end user, a Provider, who does not have access to sophisticated data processing facilities. Also, to produce a paper remittance advice acceptable for subsequent payers processing when electronic links capable of ANSI ASC X12.835 transmission do not exist.

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BENEFITS OF THE PC PRINT PROGRAM

Viewing facilities exist to display a Single Claim. Compressed font is incorporated in order to display the detail line item activity of a claim.

The All Claims display allows the operator to view all of the claims in a 25 claim count increment, within the transmission in an abbreviated format. The All Claims display allows for left and right scrolling in order to view the entire Header and Detail of each claim displayed.

A Summary Subtotal/Total Bill Type, Bill Summary, displays the sub-totals for each payment category, per provider fiscal year and the total remittance found within the Single Claim display, accumulated and displayed by TOB (Type of Bill).

A Payment Summary, Provider Summary, identifies the total paid to the Provider for this billing cycle/transmission. It also indicates the total claims within the billing cycle/transmission. Non-claim payment adjustments are displayed when applicable. These adjustments allow for Provider payments when claims are not present, for example, Periodic Interim Payments, Cost Report Settlements, etc. The adjustments also allow for various other financial transactions required between Fiscal Intermediaries and Providers.

The PC Print program allows the end user to view or print all of the above displays. These displays can be done selectively in all situations.

TECHNICAL SUPPORT

Within the Standard System Maintainer/Fiscal Intermediary community, designated local, Fiscal Intermediary support personnel should be contacted for technical support. Updates are distributed through established channels.

COMMENTS

The Standard System Maintainer receives requests for enhancements and corrections through the existing Question/Problem process.

The PC Print environment has limitations on the size of a data file used. It has been determined that a data file with greater than approximately 80,000 segments does not appropriately process in this PC Print Software. FISS does not recommend using files greater than 80,000 segments. Further in this document, segments are covered.

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CHAPTER 2

GLOSSARY

This section provides a brief listing of acronyms used in the PC Print software. This is presented at the beginning of the manual to assist in understanding.

TABLE OF ACRONYMS

Acronym	Description
AC	All Claims Report/Screen
ANSI	American National Standards Institute
ASC	Accredited Standards Committee (ASC X12)
BS	Bill Summary Report/Screen
GCR	Group CARC RARC
PAR	Project Assistance Request
PHLATS	Phone Logging and Tracking System
PS	Provider Summary Report/Screen
SC	Single Claim Report/Screen
SL	Segment List
X12	835 ERA Data File

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CHAPTER 3

GETTING STARTED

This section provides instructions for getting started using PC Print.

INSTALLATION SOFTWARE

PC Print has been packaged using Microsoft ® Visual Studio 2013 Windows Installer. This software allows all files needed to install the application to be easily packaged and then installed on the user's machine.

Effective with PC Print version 4.3.0, released in April 2014, PC Print is not compatible with Microsoft Windows XP. If Windows XP is being used, continue to use PC Print version 4.2.6.

UNINSTALL PROCESS

Before loading a new version of PC Print, it is imperative that the old version is uninstalled.

1) Click **Start**
2) Click **Control Panel**
3) Click **Add/Remove Programs**
4) Select **PCP or PC Print** (whichever is applicable)
5) Click **Add/Remove**
6) Click **Remove**.

INSTALLATION

1) Go to the following website: https://www.medicaremaintainer.com/login.asp?mess=Please+login+to+access+the+MSC+application%2E
2) Login
   - Click on Fiscal Intermediary Shared System (FISS)
   - Click on Supporting Applications
   - Click or scroll down to PC Print

- Click FISS PC Print 5.0.1
- Follow the down load instructions provided in the FISS PC Print Download Directions

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RUNNING THE PC PRINT PROGRAM

To run the program, simply double-click on the Icon. The PC Print program runs over a network identically to how it runs locally. Ensure that when saving or archiving transmissions that the appropriate directory is chosen.

ERA VERSION INFORMATION

ERA Version 5010

The 5010 Version 4.0 and greater of PC Print allows the end user to load and view a 5010 835 X12 ERA data file. As in the previous PC Print version, for Inpatient claims there are line level adjustments for non-covered and denied charges and claim level adjustments as appropriate. For outpatient claims all adjustments are at the line level, with the exception of Outlier; it is reported at claim level.

The 5010 version reflects the Provider Summary Report (screen and report), a new change for this screen/report is that it includes the Payer Business and Technical Contact Information.

The 5010 version also has modified the Single Claim Report (screen and report) to reflect additional service line information, the Line Item Control Number, the Service Line Description for Not Otherwise Classified and the Health Care Policy Indicator.

The other changes that were implemented for these reports as well as the Bill Summary and the All Claims reports were minimal, such as the removal of fields no longer being used.

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PRINTER SETUP

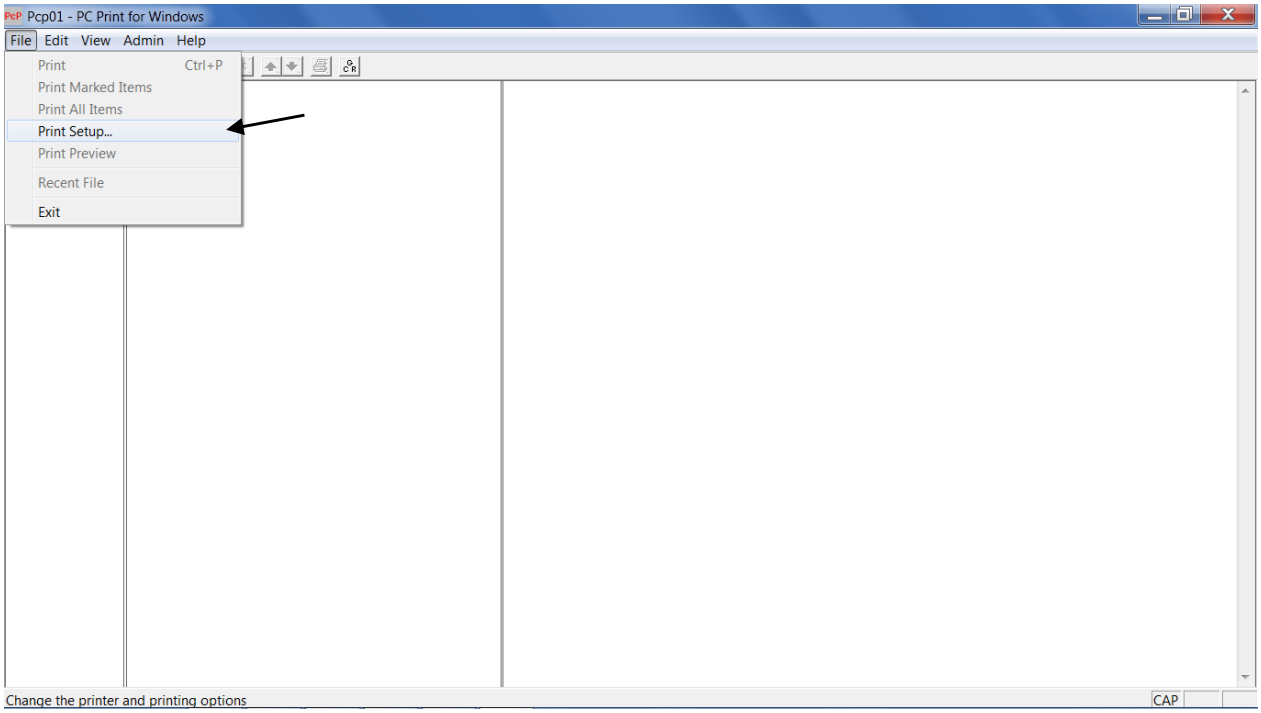

Figure 1. Printer Setup - Toolbar Option Screen Layout

1. To set up for printing, select **File** from the title bar.
2. Then select **Print Setup** from the pull down menu.

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Figure 2. Printer Setup Dialog Box – Printer Drivers Screen Layout

Along with the printer setup in the PC Print application being set up, ensure that the Print Drivers are also set appropriately as one of the reports, Single Claim, uses two print fonts.

NOTE: If the print drivers are not configured correctly, the single claim does not print appropriately, it prints as a single line. PC Print does not print the report; it turns over the print to Windows, which communicates to a selected printer. Therefore, it is very important that the appropriate print drivers are loaded on any network printers or on the PC for any local printers. If there is still an issue printing the reports it may be due to old hardware technology being used with new software technology, thus, an upgrade of printer and/or operating system may be required.

GENERAL TEXT PRINT FILE

If the user wants to generate a print file (generate text file) there should be a generic/text print driver loaded. To create the print file, setup the dialog box by:

1) Printer Name: Generic/Text Printer
2) Paper Size: Ledger
3) Orientation: Portrait

Once the file is created, it can be downloaded to a mainframe for viewing

.

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CHAPTER 4

MENU BAR OPTIONS

This section focuses on explaining all the options on the Menu Bar that are available through PC Print and their purpose.

ACCESSING THE SCREEN

Figure 3. Accessing the Screen - Screen Layout

Upon double clicking on the **PC Print** Icon, the system displays this screen. Take notice that the **SL** button is always pre-selected. Before any claim information can be viewed a data file needs to be selected.

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FILE OPTION

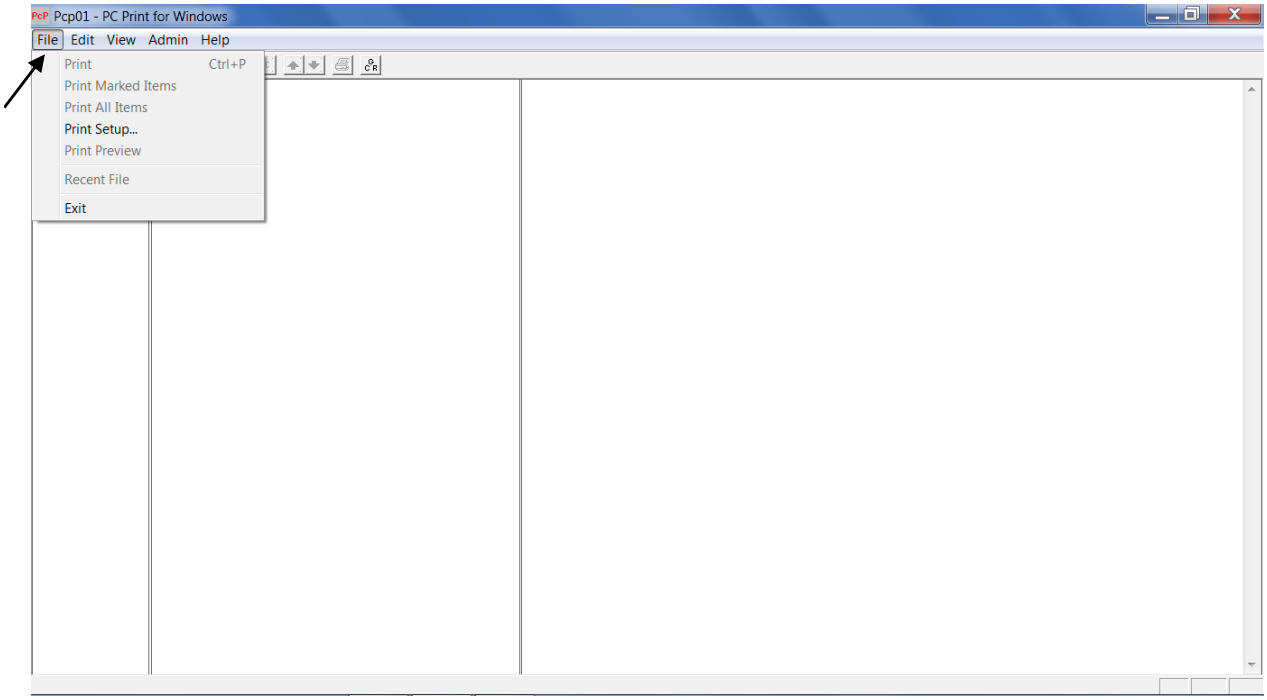

Figure 4. File – Tool Bar Function Screen Layout

MENU OPTION - **FILE**

1. Select the **FILE** option from the title bar.
2. When **File** is selected, various choices display based on the particular format of PC Print. In the above example, PC Print has opened, no data file has been selected, and only certain options are available.

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EDIT OPTION

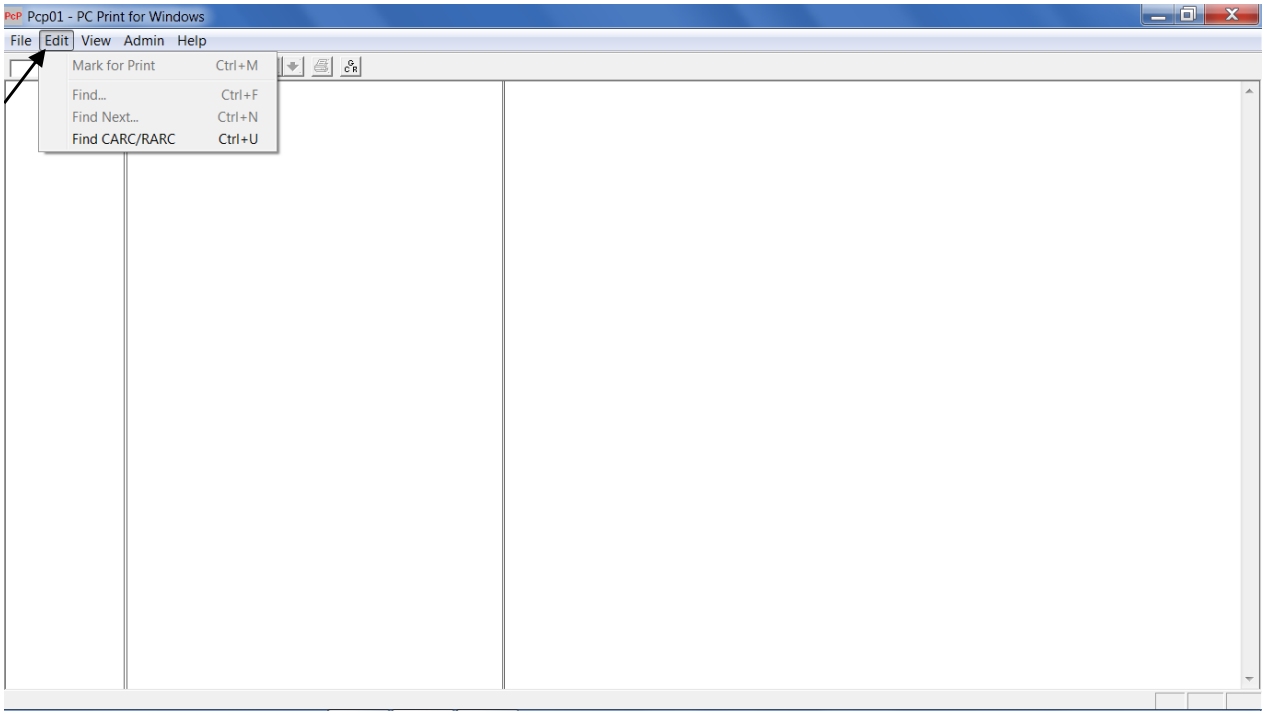

Figure 5. Edit - Toolbar Option Screen Layout

MENU OPTION - **EDIT**

1. The **Edit** option offers a Mark for Print, Find, Find Next, and Find CARC/RARC**.**

   - **Mark for Print** is available for use on the All Claims and Single Claims reports.
   - The **Find Next** becomes available for use after the initial **Find** when viewing the claims.
   - The **Find CARC/RARC** is available for use in searching for a specific CARC or RARC, the associated effective date, termination date, and the code description.

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VIEW OPTION

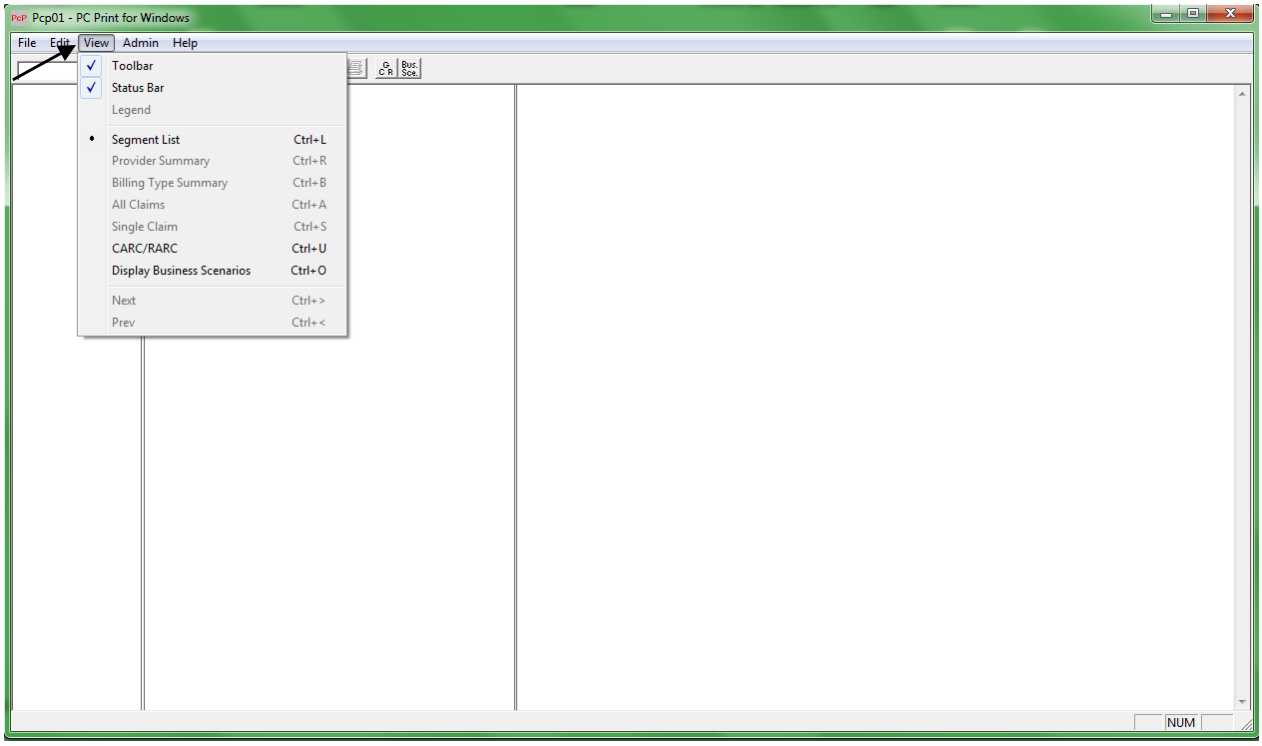

Figure 6. View – Toolbar Option Screen Layout

MENU OPTION - **VIEW**

1. The **View** menu option allows for selection of the Tool Bar, Status Bar and the Legend (Screen Header for the All Claims format).

   - View also identifies the keyboard commands necessary to navigate through the various screens that make up the PC Print Application.
   - Available for use is the **Next** and **Prev** options. These can be used to parse forward and backward through the different formats.
   - Provides the ability to view **CARC/RARC** codes, the associated effective dates, termination dates, and the descriptions. The CARC/RARC option also depicts Group codes.
   - Provides the ability to view the four Business Scenarios with the associated CARC/RARC and group codes.

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ADMIN OPTION

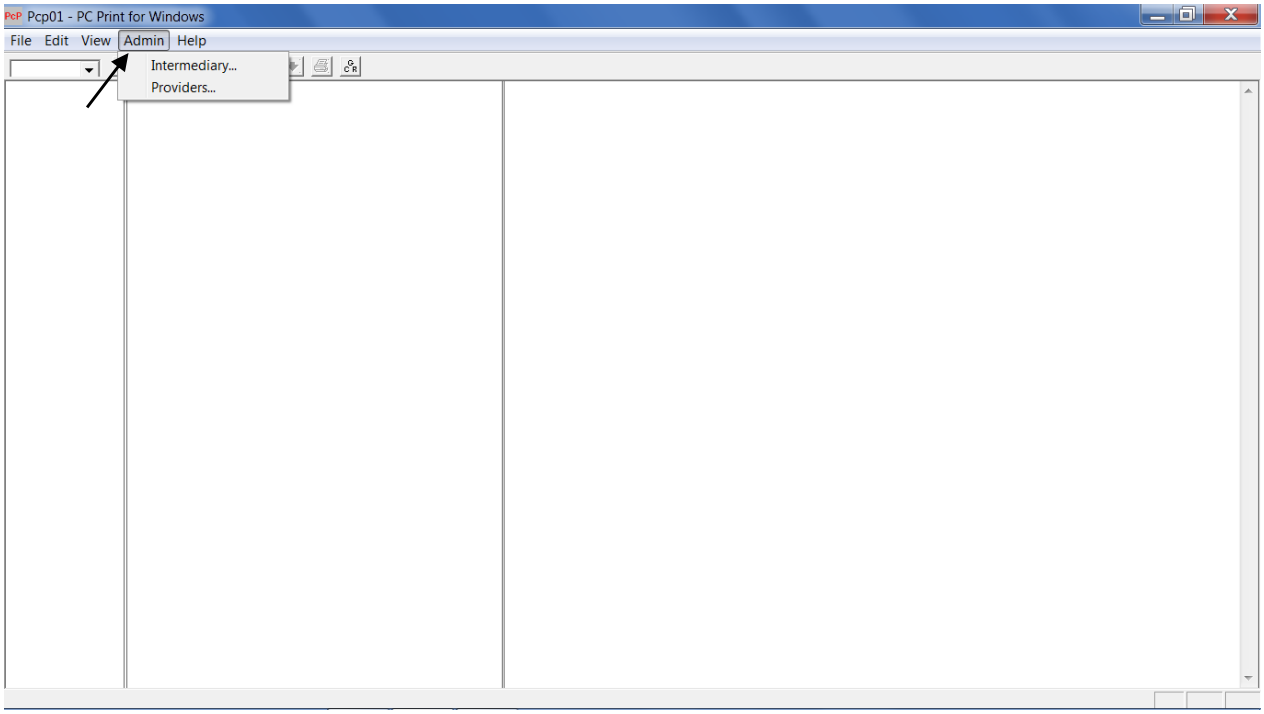

Figure 7. Admin – Toolbar Option Screen Layout

MENU OPTION - **ADMIN**

Based on changes made for the processing of a HIPAA 5010 835 X12 file, this menu option is no longer required to be used. The application is mapping this information from the 835 X12 file.

1. The **Admin** menu has two options:

- The **Intermediary** option is where the user can add the Intermediary name and address so that it is printed out on the reports and screens.
- The **Provider** option is where the user can add the Provider(s) number, name, and address information so it appears on the reports and screens.

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1)

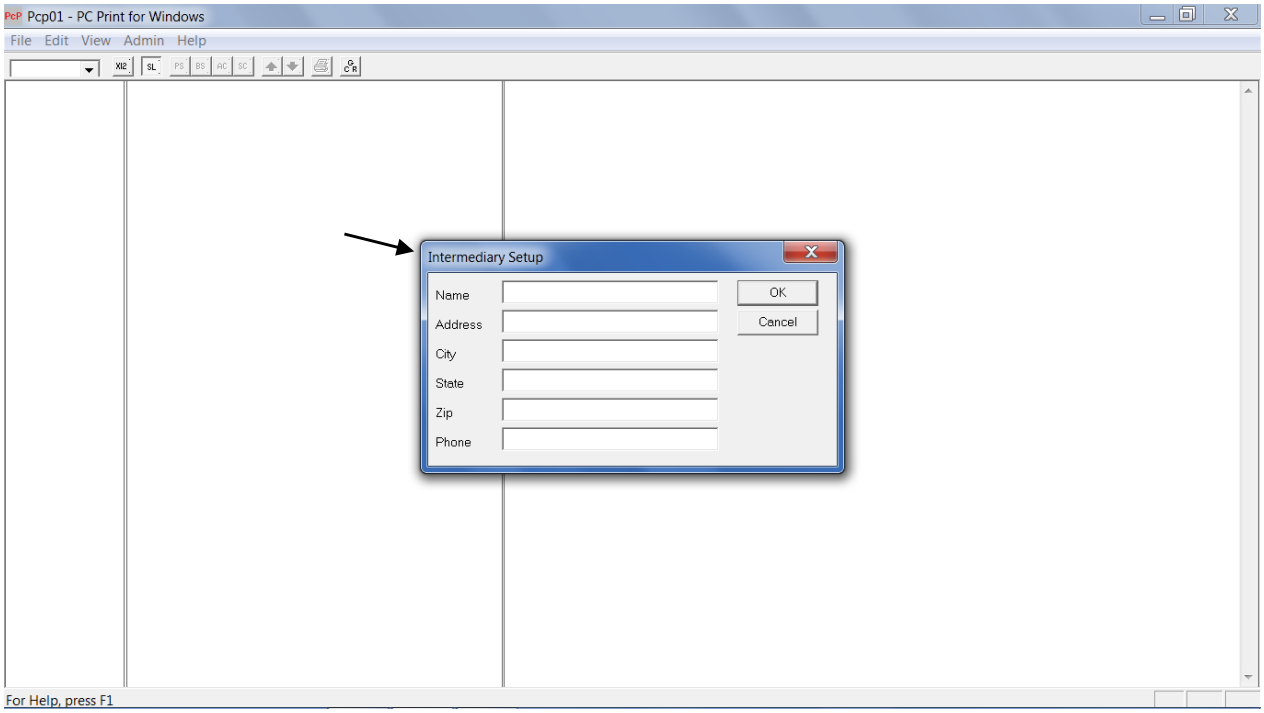

Figure 8. Intermediary Setup Dialog Box Screen Layout

INTERMEDIARY SETUP

Based on changes made for the processing of a HIPAA 5010 835 X12 file, this menu option is no longer required. The application is mapping this information from the 835 X12 file.

1. The Intermediary Setup dialog box is selected by clicking on **Admin.**
2. Then select **Intermediary** and is used to set up the Intermediary data to be reflected on the screens and reports.
3. When updating the dialog box to move from field to field, press the **TAB** key.
4. After entering all the requested information, click **OK** to accept.

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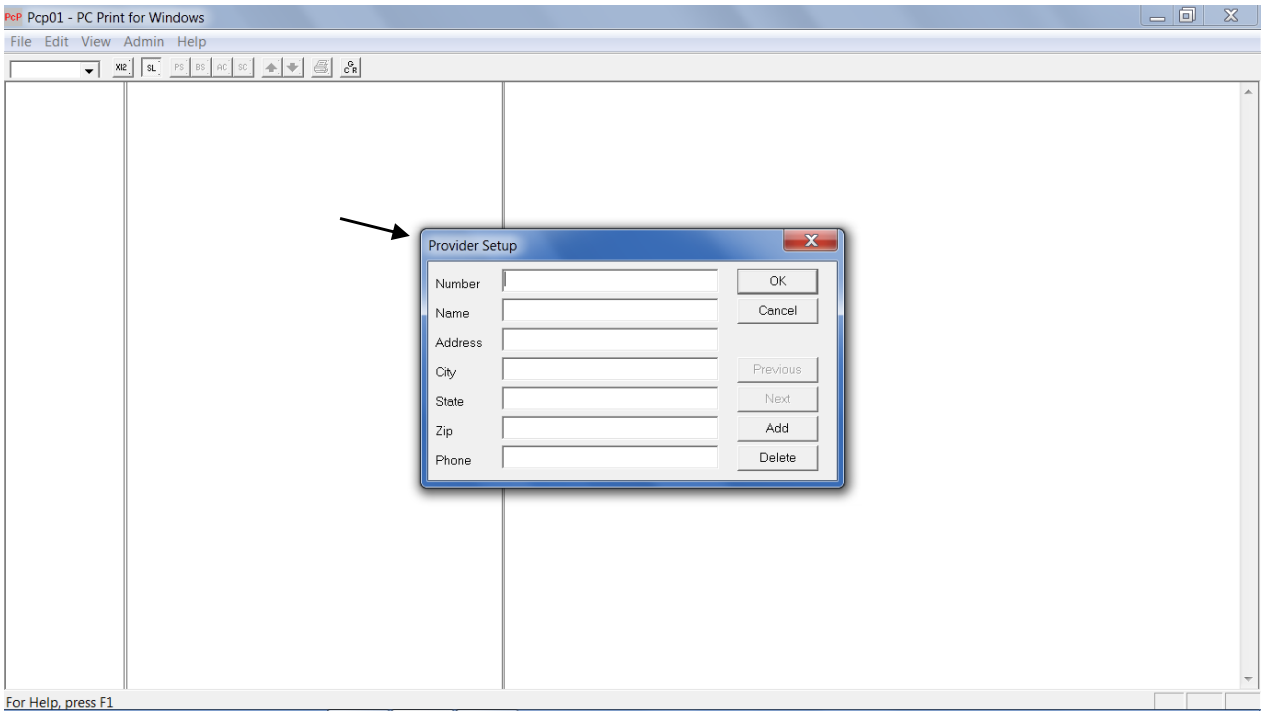

Figure 9. Provider Setup Dialog Box Screen Layout

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PROVIDER SETUP

Based on changes made for the processing of a HIPAA 5010 835 X12 file, this menu option is no longer required to be used. The application is mapping this information from the 835 X12 file.

1. The Provider Setup is used to set up the Provider(s) data to be reflected on the screens and reports.
2. The Provider Setup dialog box is selected by clicking on **Admin,** Then select **Provider.**

Dialog Box Buttons	Description
Previous	Go back and view prior provider information.
Next	Go to the next provider in the file.
Add	Add a new provider's information. To get a blank screen click **Add**, then **OK.**
Delete	Delete a provider record from this file, bring the provider record to the screen and click **Delete**, then **OK.**

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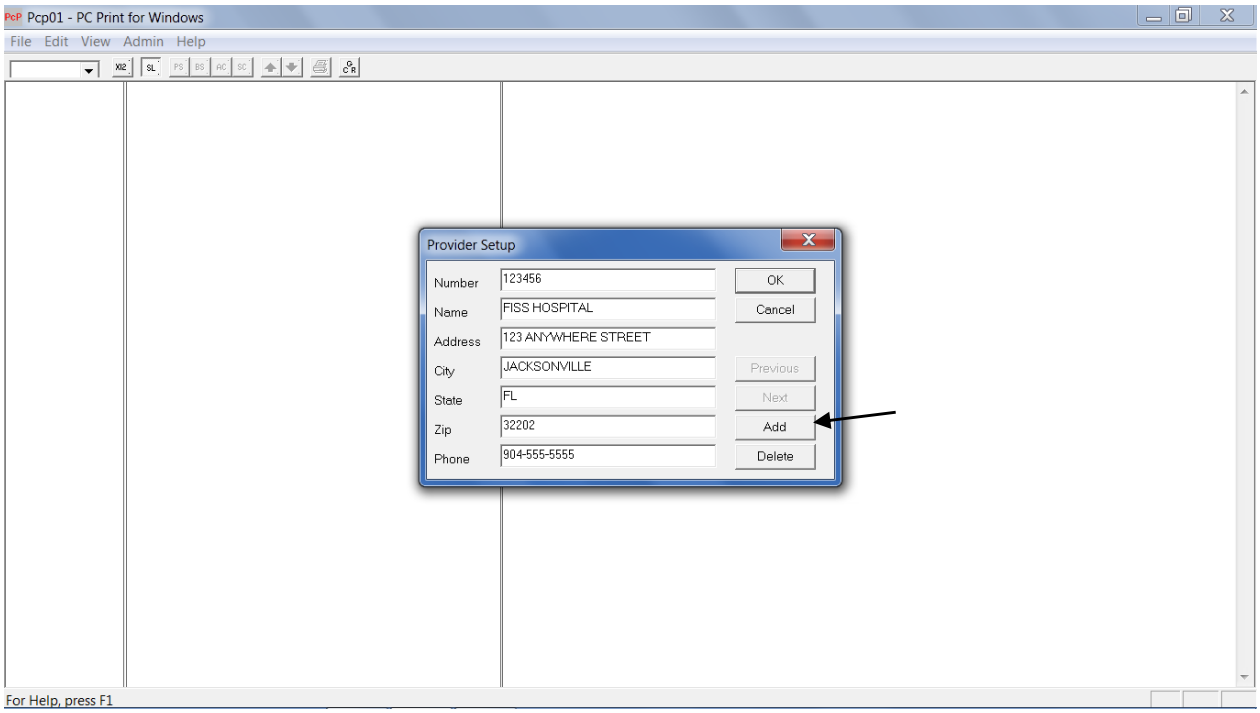

Figure 10. Provider Setup Dialog Box Example Screen Layout

Based on changes made for the processing of a HIPAA 5010 835 X12 file, this menu option is no longer required. The application is mapping this information from the 835 X12 file.

Example of adding a Provider to the Provider Setup File.

1. Click on the **Add** button in the Provider Setup Dialog box.
2. Complete the provider information.
3. To add the next provider, click **Add** and complete the provider information.
4. If finished, click **OK.**
5. NOTE: Clicking **Next** displays new provider fields (same as **Add**.) When **OK** is clicked it stores the data.

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HELP OPTION

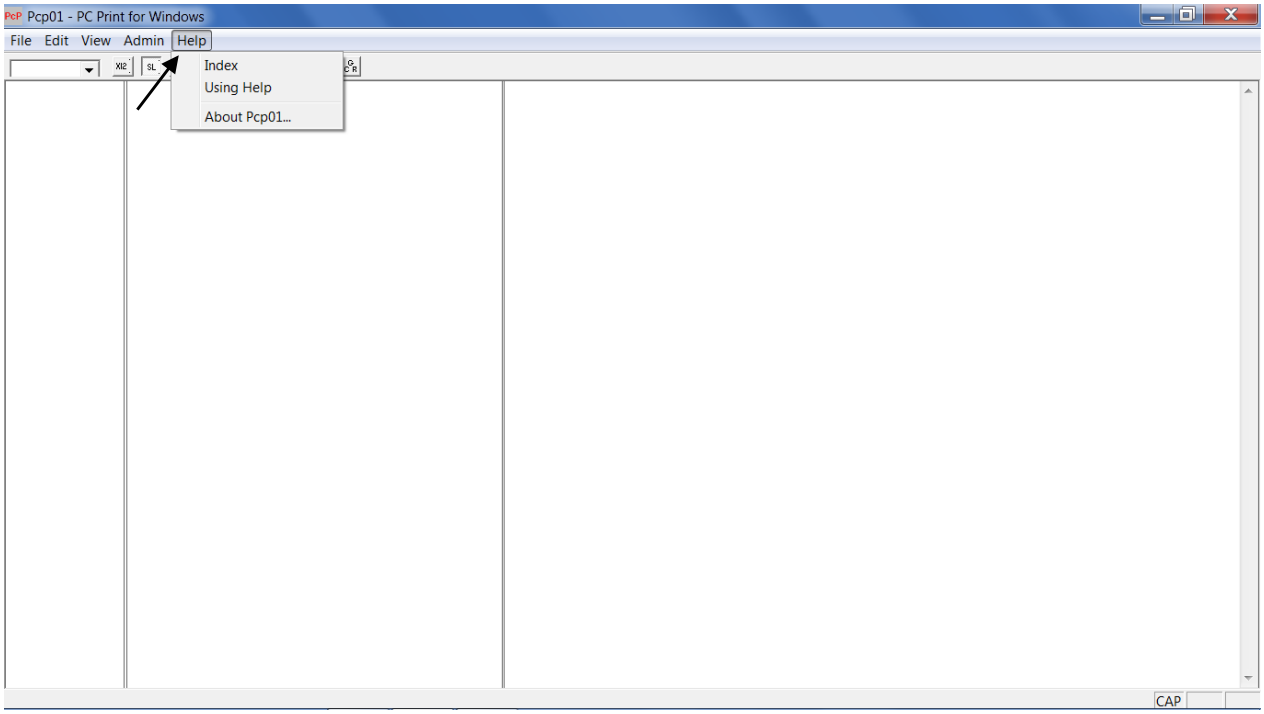

Figure 11. Help – Toolbar Option Screen Layout

MENU OPTION - **HELP**

The **Help** menu option is currently NOT available for use as 'Help'. Upon selecting 'Help', selecting 'About PCP01' provides the version number of the PC Print in use.

1. Depending on which Windows Platform is being used the following instructions may vary. A Windows Platform prior to Vista processes as follows: Upon clicking "Help\Index or Help\Using Help" a message box appears stating, "Cannot find the C:\Program Files\FISS\PCP01.HLP file. Do you want to try to find this file yourself?" Always click **NO**.

2. A second message box appears stating "Cannot find the C:\Program files\FISS\PC Print\PCP01.HLP file. Check that the files exist on the disk. If it doesn't, reinstall it." Click **OK.** No reinstall is required as a help file (for PC Print) as it does not exist at this time.

3. When performing the help as stated above, Windows Vista provides a dialog box that presents the message "Failed to Launch Help", then click **OK**.

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CHAPTER 5

TOOL BAR OPTIONS

This section focuses on explaining all the options that are available on the Tool Bar through PC Print and what they are used for.

X12 BUTTON

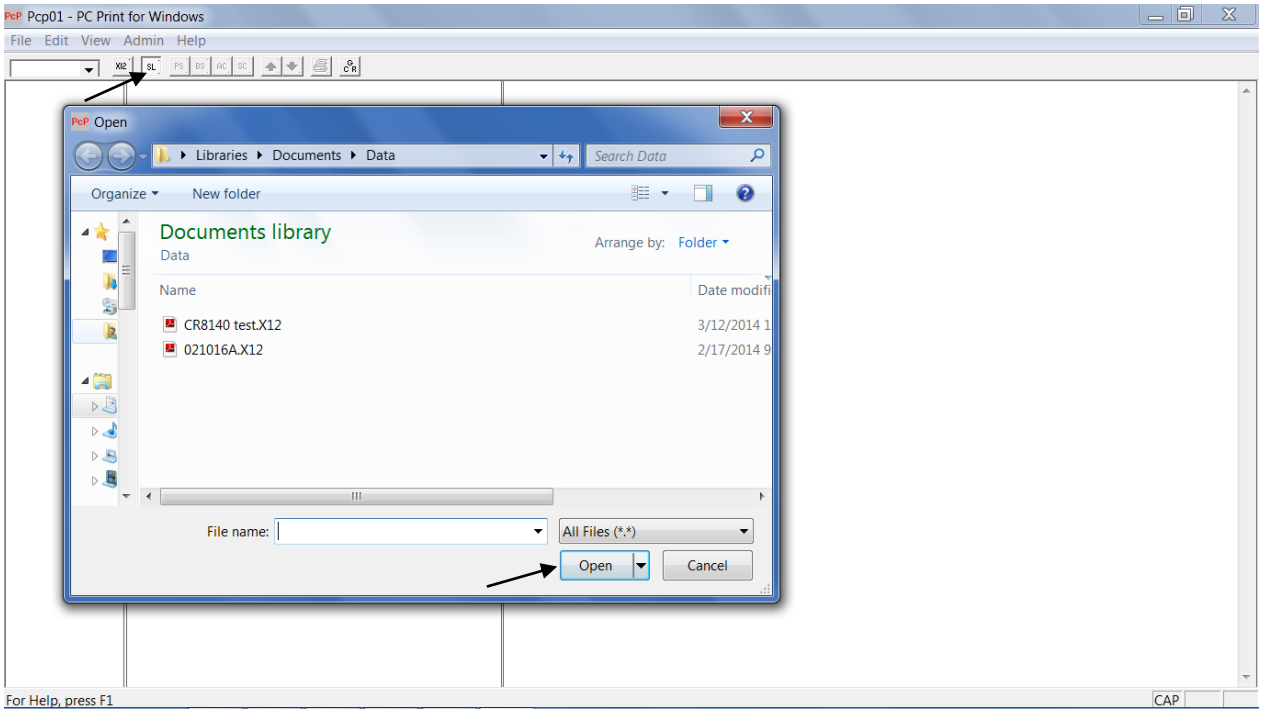

Figure 12. X12 Button – Open Data File Dialog Box Screen Layout

1. Clicking on the X12 button brings up the **Open** dialog box.
2. Select **Data** file for viewing the data files, select one, then click the **Open** button.
3. Another option to select a Data file is the File name: Once a file has been viewed, it is available to be selected from the 'Drop Down' Box. For Data files to show up in the 'Drop Down' Box, they must be named in the following format, YMMDD.X12.

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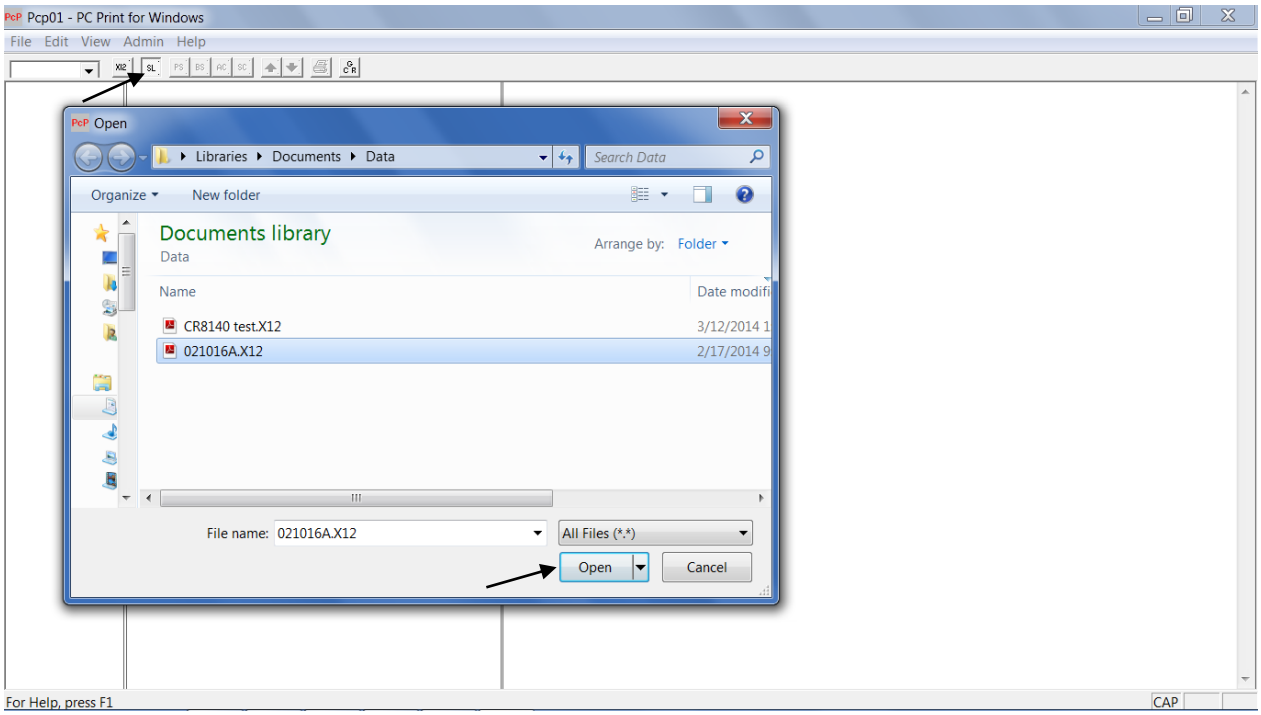

Figure 13. Data File Dialog Box Screen Layout

1. Select a data file and click **Open.**
2. If the data file selected is not the correct one, click the X12 button again and make another selection as stated above.

   NOTE: It automatically defaults to the data folder within PC Print.

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Data File Segments

Deblocked Segments

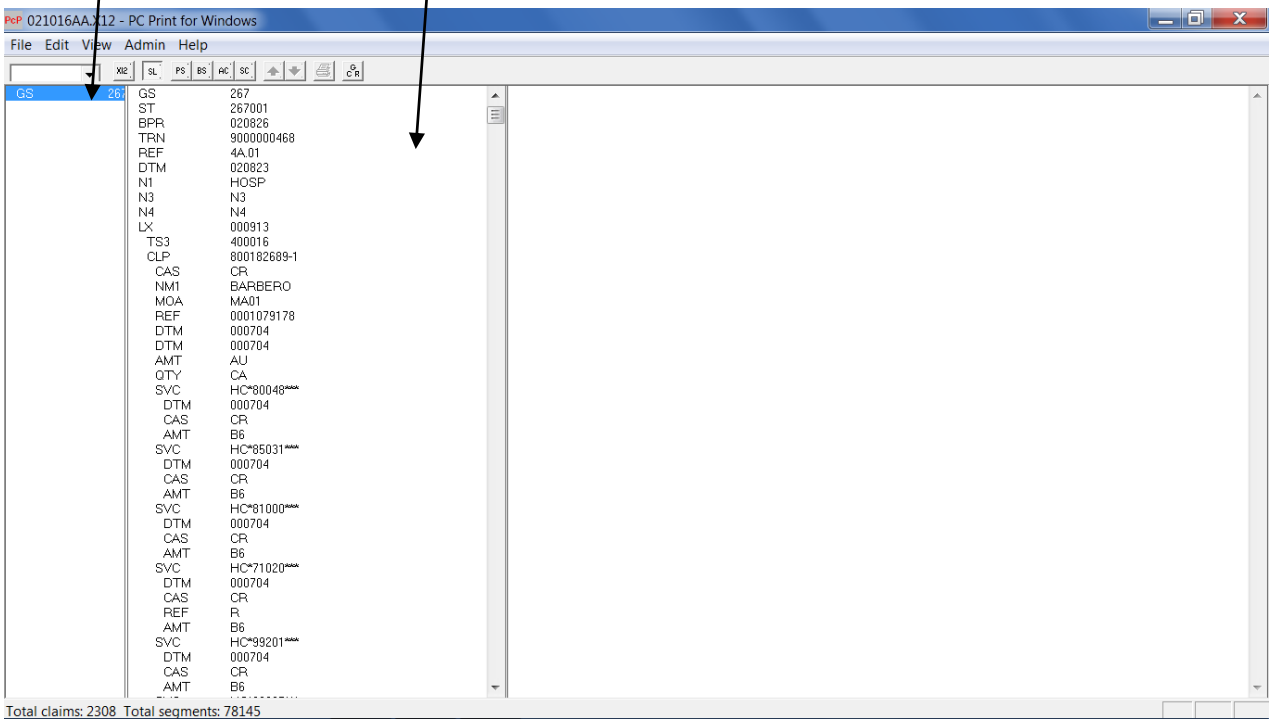

Figure 14. Data File Segments and Deblocked Segments Screen Layout

Once the data file is opened, the PC Print application displays (on the left side of the screen) the data file segment listing the GS segment(s).

Also displayed on this screen in a deblocked segment format (one segment per line), is **each segment** of the transmitted X12.835 file.

NOTE: At the bottom of the screen there is a status bar that provides information about the 835 X12 data file. It provides the total number of claims in the file and the total number of segments in the file. If the total number of segments exceeds the file size limitation of approximately 80,000 segments and the user accesses the All Claims or Single Claims report and encounters the claim that exceeds the limitation, an error message displays. The user needs to shut down PC Print and restart the application.

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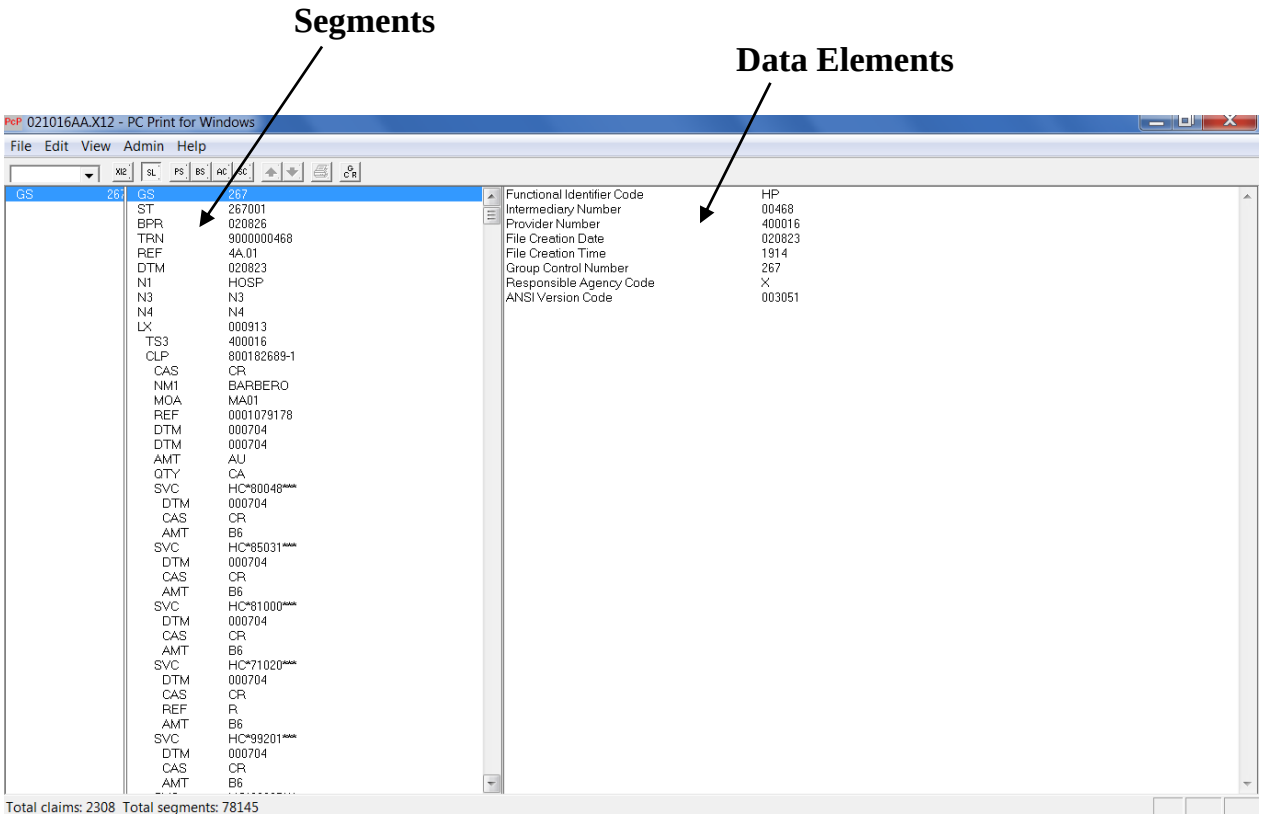
Segments
Data Elements
021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Total claims: 2308 Total segments: 78145

Figure 15. Data File Segments and Detail Data Elements Screen Layout

Upon clicking on any segment, the detail data elements for that segment displays on the right side of the screen. This segment list is primarily a diagnostic tool.

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SL BUTTON

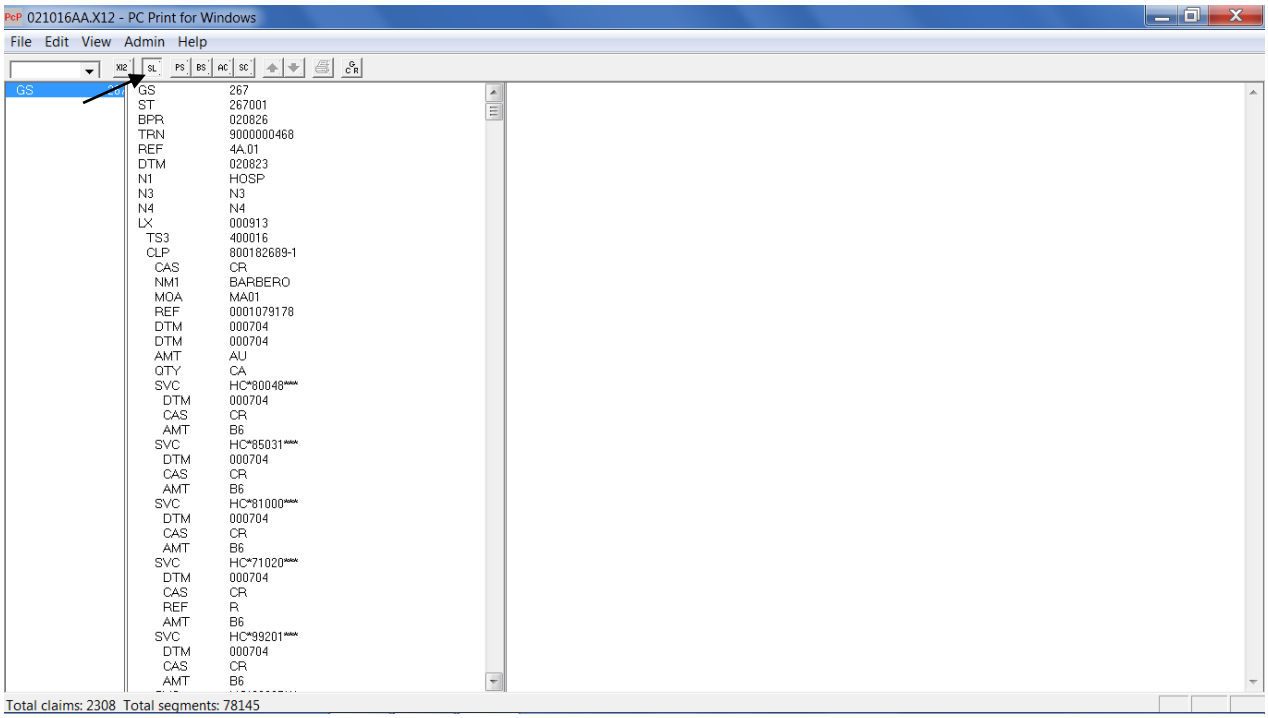

Figure 16. SL (Segment List) Button Screen Layout

The **SL** (Segment List) button returns the display to the segment list format from any other location in the application.

Example: If the current selection is **AC** for the All Claims screen, selection of the **SL** button returns the user to the segment list display.

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PS BUTTON

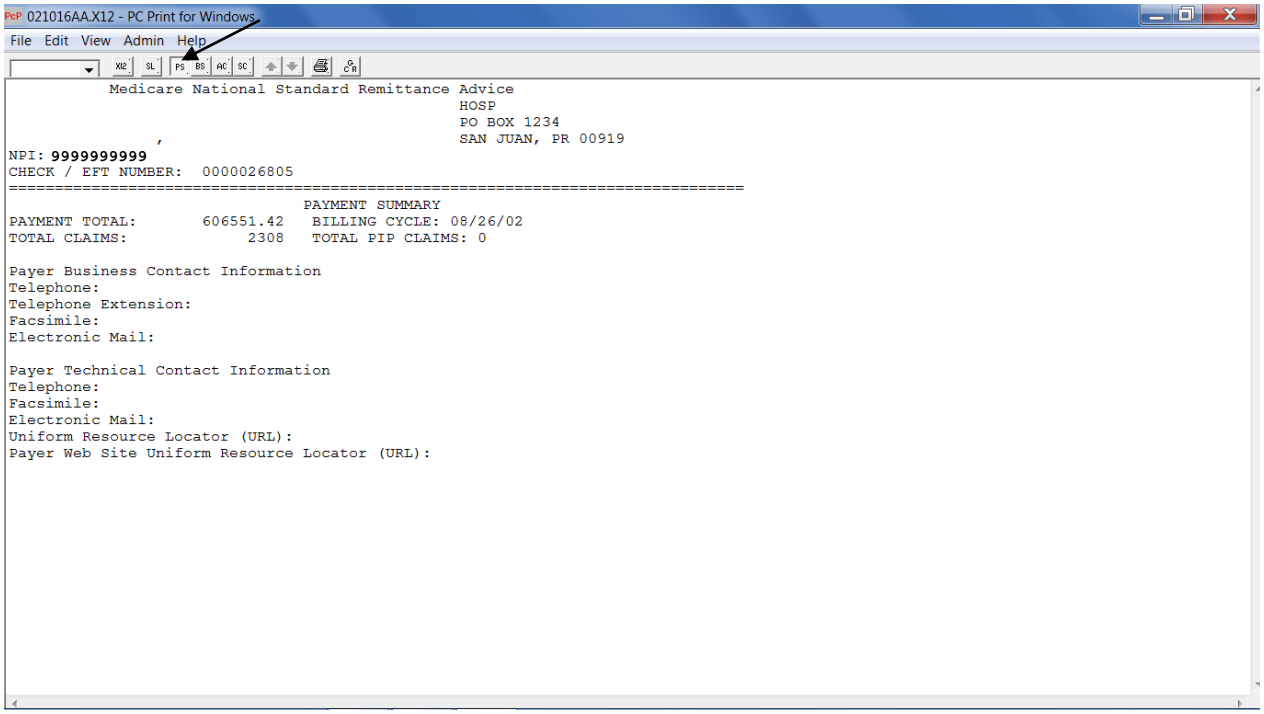

Figure 17. PS (Provider Summary) Button Screen Layout

The **PS** (Provider Summary) button displays the Payment Summary screen format.

The Provider Summary Report (screen and report) now includes the Payer Business and Technical Contact information in addition to the PLB composite data when reporting provider level adjustments.

NOTE: The up/down arrows allow for the forward and backward parsing through the file. If necessary, a vertical scroll bar is available for parsing through the screen.

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BS BUTTON

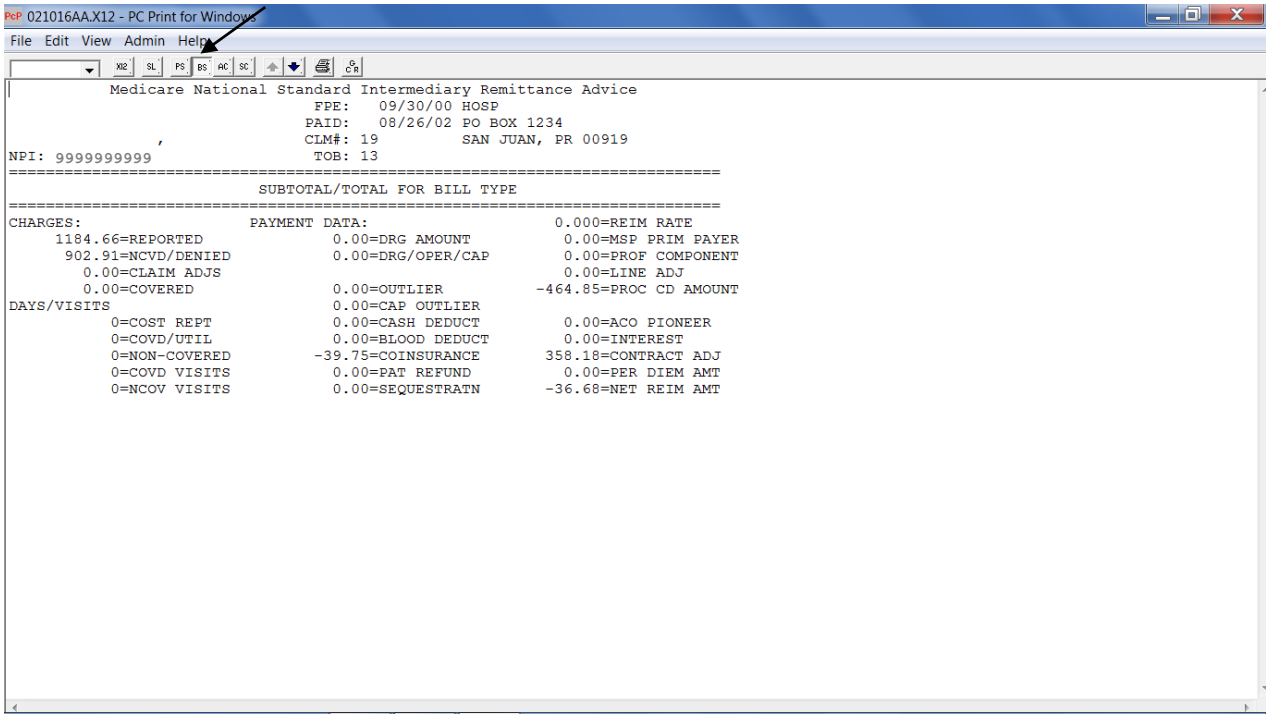
021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Medicare National Standard Intermediary Remittance Advice
FPE: 09/30/00 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 19 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 13
SUBTOTAL/TOTAL FOR BILL TYPE
CHARGES: PAYMENT DATA: 0.000=REIM RATE
1184.66=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
902.91=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ
0.00=COVERED 0.00=OUTLIER -464.85=PROC CD AMOUNT
DAYS/VISITS 0.00=CAP OUTLIER
0=COST REPT 0.00=CASH DEDUCT 0.00=ACO PIONEER
0=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -39.75=COINSURANCE 358.18=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=SEQUESTRATN -36.68=NET REIM AMT

Figure 18. BS (Bill Summary) Button Screen Layout

The **BS** (Bill Summary) button allows access to view the Type of Bill summary records generated per provider.

NOTE: The up/down arrows allow for the forward and backward parsing through the file. If necessary, a vertical scroll bar is available for parsing through the screen.

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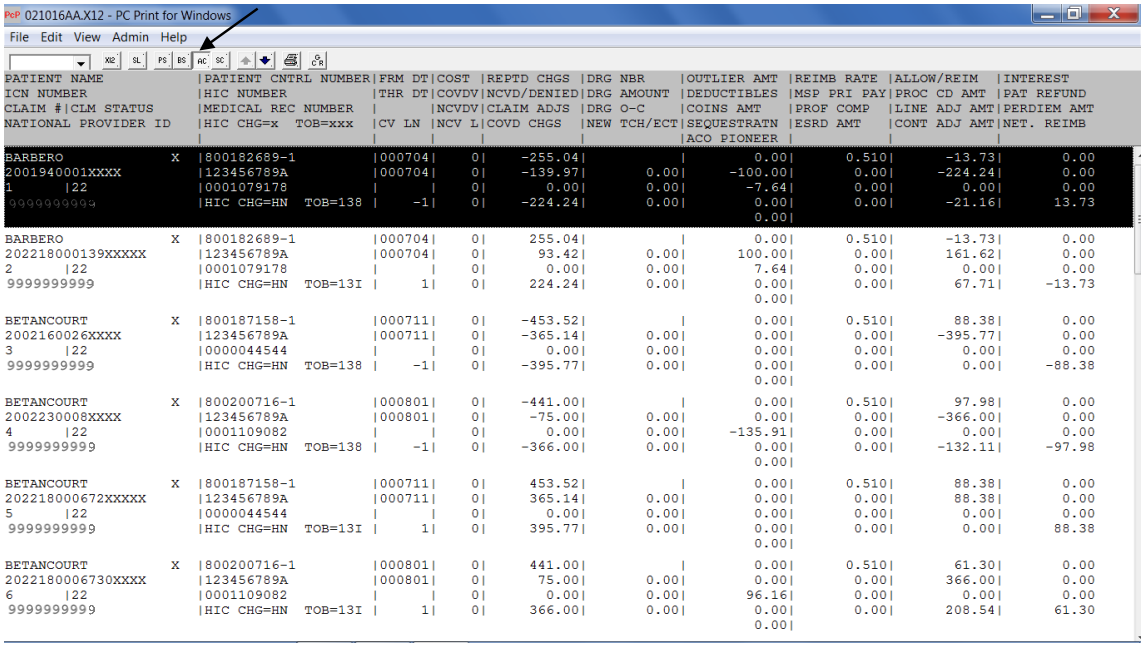
AC BUTTON



PATIENT NAME / ICN NUMBER / CLAIM #/CLM STATUS / NATIONAL PROVIDER ID		PATIENT CNTRL NUMBER / HIC NUMBER / MEDICAL REC NUMBER / HIC CHG=x TOB=xxx	FRM DT / THR DT / CV LN	COST / COVDV / NCVDV / NCV L	REPTD CHGS / NCVD/DENIED / CLAIM ADJS / COVD CHGS	DRG NBR / DRG AMOUNT / DRG O-C / NEW TCH/ECT	OUTLIER AMT / DEDUCTIBLES / COINS AMT / SEQUESTRATN / ACO PIONEER	REIMB RATE / MSP PRI PAY / PROF COMP / ESRD AMT	ALLOW/REIM / PROC CD AMT / LINE ADJ AMT / CONT ADJ AMT	INTEREST / PAT REFUND / PERDIEM AMT / NET. REIMB
BARBERO 2001940001XXXX 1 |22 9999999999	X	800182689-1 123456789A 0001079178 HIC CHG=HN TOB=138	000704 000704 -1	0 0 0 0	-255.04 -139.97 0.00 -224.24	 0.00 0.00 0.00	0.00 -100.00 -7.64 0.00 0.00	0.510 0.00 0.00 0.00	-13.73 -224.24 0.00 -21.16	0.00 0.00 0.00 13.73
BARBERO 2022180000139XXXXX 2 |22 9999999999	X	800182689-1 123456789A 0001079178 HIC CHG=HN TOB=13I	000704 000704 1	0 0 0 0	255.04 93.42 0.00 224.24	 0.00 0.00 0.00	0.00 100.00 7.64 0.00 0.00	0.510 0.00 0.00 0.00	-13.73 161.62 0.00 67.71	0.00 0.00 0.00 -13.73
BETANCOURT 2002160026XXXX 3 |22 9999999999	X	800187158-1 123456789A 0000044544 HIC CHG=HN TOB=138	000711 000711 -1	0 0 0 0	-453.52 -365.14 0.00 -395.77	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	88.38 -395.77 0.00 0.00	0.00 0.00 0.00 -88.38
BETANCOURT 2002230008XXXX 4 |22 9999999999	X	800200716-1 123456789A 0001109082 HIC CHG=HN TOB=138	000801 000801 -1	0 0 0 0	-441.00 -75.00 0.00 -366.00	 0.00 0.00 0.00	0.00 0.00 -135.91 0.00 0.00	0.510 0.00 0.00 0.00	97.98 -366.00 0.00 -132.11	0.00 0.00 0.00 -97.98
BETANCOURT 2022180006672XXXXX 5 |22 9999999999	X	800187158-1 123456789A 0000044544 HIC CHG=HN TOB=13I	000711 000711 1	0 0 0 0	453.52 365.14 0.00 395.77	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	88.38 88.38 0.00 0.00	0.00 0.00 0.00 88.38
BETANCOURT 2022180006730XXXX 6 |22 9999999999	X	800200716-1 123456789A 0001109082 HIC CHG=HN TOB=13I	000801 000801 1	0 0 0 0	441.00 75.00 0.00 366.00	 0.00 0.00 0.00	0.00 0.00 96.16 0.00 0.00	0.510 0.00 0.00 0.00	61.30 366.00 0.00 208.54	0.00 0.00 0.00 61.30

Figure 19. AC (All Claims) Button Screen Layout

The **AC** (All Claims) button provides access to the **All Claims** display.

NOTE: The up/down arrow buttons allow for parsing forward and backward through the file. The right/left and up/down scroll bars are available at the bottom and right of the screen respectively to move through the "All Claims" screen to view the data in its entirety. Refer to the next screen to view the missing columns.

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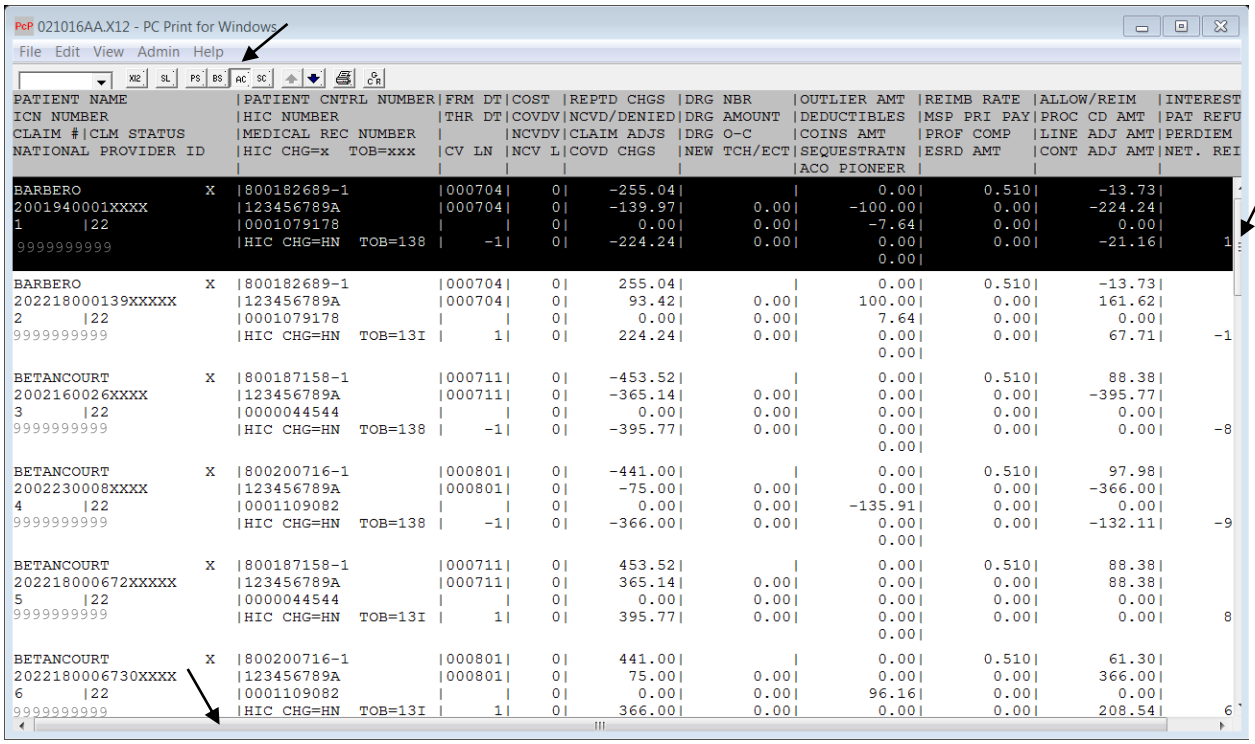
The below screen example does not accommodate a full screen view. Therefore, the far right column (Interest) does not display fully. The right/left and up/down scroll bars are available to move left and right and up and down through the "All Claims" screen to view the data in its entirety.



PATIENT NAME / ICN NUMBER / CLAIM # / NATIONAL PROVIDER ID		PATIENT CNTRL NUMBER / HIC NUMBER / MEDICAL REC NUMBER / HIC CHG=x TOB=xxx	FRM DT / THR DT / CV LN	COST / COVDV / NCVDV / NCV L	REPTD CHGS / NCVD/DENIED / CLAIM ADJS / COVD CHGS	DRG NBR / DRG AMOUNT / DRG O-C / NEW TCH/ECT	OUTLIER AMT / DEDUCTIBLES / COINS AMT / SEQUESTRATN / ACO PIONEER	REIMB RATE / MSP PRI PAY / PROF COMP / ESRD AMT	ALLOW/REIM / PROC CD AMT / LINE ADJ AMT / CONT ADJ AMT	INTEREST / PAT REFU / PERDIEM / NET. REI
BARBERO 2001940001XXXX 1 22 9999999999	X	800182689-1 123456789A 0001079178 HIC CHG=HN TOB=138	000704 000704 -1	0 0 0 0	-255.04 -139.97 0.00 -224.24	 0.00 0.00 0.00	0.00 -100.00 -7.64 0.00 0.00	0.510 0.00 0.00 0.00	-13.73 -224.24 0.00 -21.16	1
BARBERO 2022180000139XXXXX 2 22 9999999999	X	800182689-1 123456789A 0001079178 HIC CHG=HN TOB=13I	000704 000704 1	0 0 0 0	255.04 93.42 0.00 224.24	 0.00 0.00 0.00	0.00 100.00 7.64 0.00 0.00	0.510 0.00 0.00 0.00	-13.73 161.62 0.00 67.71	-1
BETANCOURT 2002160026XXXX 3 22 9999999999	X	800187158-1 123456789A 0000044544 HIC CHG=HN TOB=138	000711 000711 -1	0 0 0 0	-453.52 -365.14 0.00 -395.77	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	88.38 -395.77 0.00 0.00	-8
BETANCOURT 2002230008XXXX 4 22 9999999999	X	800200716-1 123456789A 0001109082 HIC CHG=HN TOB=138	000801 000801 -1	0 0 0 0	-441.00 -75.00 0.00 -366.00	 0.00 0.00 0.00	0.00 0.00 -135.91 0.00 0.00	0.510 0.00 0.00 0.00	97.98 -366.00 0.00 -132.11	-9
BETANCOURT 2022180000672XXXXX 5 22 9999999999	X	800187158-1 123456789A 0000044544 HIC CHG=HN TOB=13I	000711 000711 1	0 0 0 0	453.52 365.14 0.00 395.77	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	88.38 88.38 0.00 0.00	8
BETANCOURT 2022180006730XXXX 6 22 9999999999	X	800200716-1 123456789A 0001109082 HIC CHG=HN TOB=13I	000801 000801 1	0 0 0 0	441.00 75.00 0.00 366.00	 0.00 0.00 0.00	0.00 0.00 96.16 0.00 0.00	0.510 0.00 0.00 0.00	61.30 366.00 0.00 208.54	6

Figure 20. Active Scroll Bar Screen Layout

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SC BUTTON

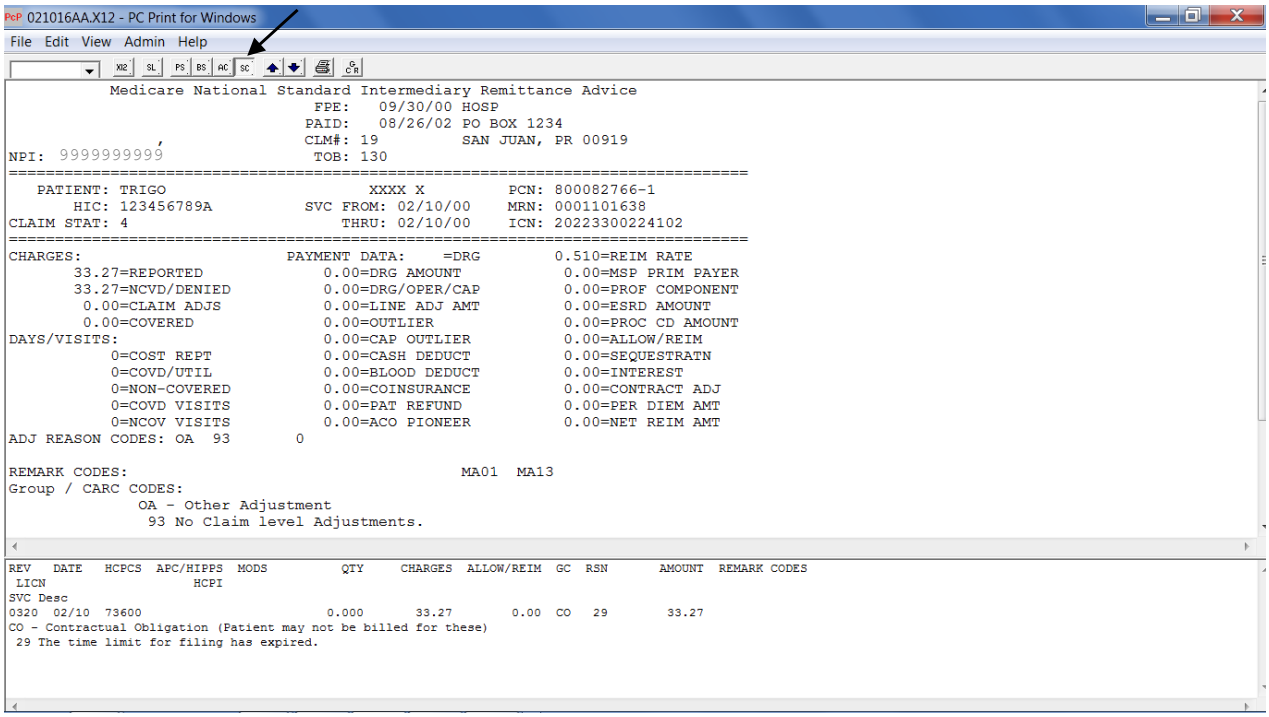
021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Medicare National Standard Intermediary Remittance Advice
FPE: 09/30/00 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 19 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 130
PATIENT: TRIGO XXXX X PCN: 800082766-1
HIC: 123456789A SVC FROM: 02/10/00 MRN: 0001101638
CLAIM STAT: 4 THRU: 02/10/00 ICN: 20223300224102
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
33.27=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
33.27=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
0.00=COVERED 0.00=OUTLIER 0.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 0.00=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
0=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED 0.00=COINSURANCE 0.00=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER 0.00=NET REIM AMT
ADJ REASON CODES: OA 93 0
REMARK CODES: MA01 MA13
Group / CARC CODES:
OA - Other Adjustment
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0320 02/10 73600 0.000 33.27 0.00 CO 29 33.27
CO - Contractual Obligation (Patient may not be billed for these)
29 The time limit for filing has expired.

Figure 21. SC (Single Claim) Button Screen Layout

The **SC** (Single Claim) button displays individual claims on the screen.

The Single Claim Report (screen and report) reflects the Coordination of Benefits (COB) data when there has been a COB transfer. The name and number of the Trading Partner are reflected on the report. In addition, at the service line, the line item control number, health care policy indicator, and the Not Otherwise Classified service line descriptions are reported.

The Group, CARC, and RARC codes and related descriptions are shown at the claim level and line level on the Single Claim screen and report.

NOTE: Up/down arrow buttons are available to parse through the claims forward and backward. The screen also has a split screen display. The upper portion presents the claim level data and the lower portion displays the line item detail of the claim. Both sections of the screen have up/down and right/left movement ability in order to view all data available.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINTER BUTTON

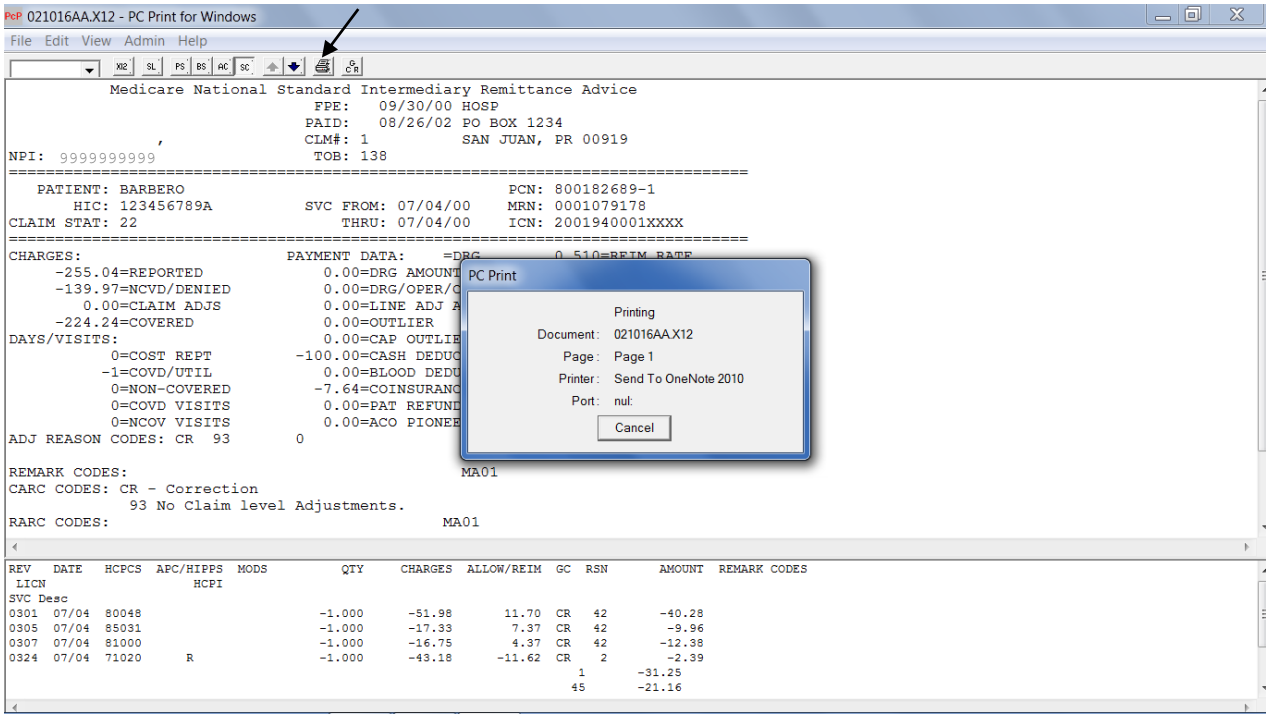

Figure 22. Printer Button Screen Layout

The **Printer** button prints the **Current Single Claim**, the **All Claims Report**, the **Current Bill Summary**, and the **Current Provider Summary**. The printer options are listed in the next chapter.

NOTE: The arrow up and down buttons are available for parsing through to the next claim to be viewed/printed.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

GCR BUTTON

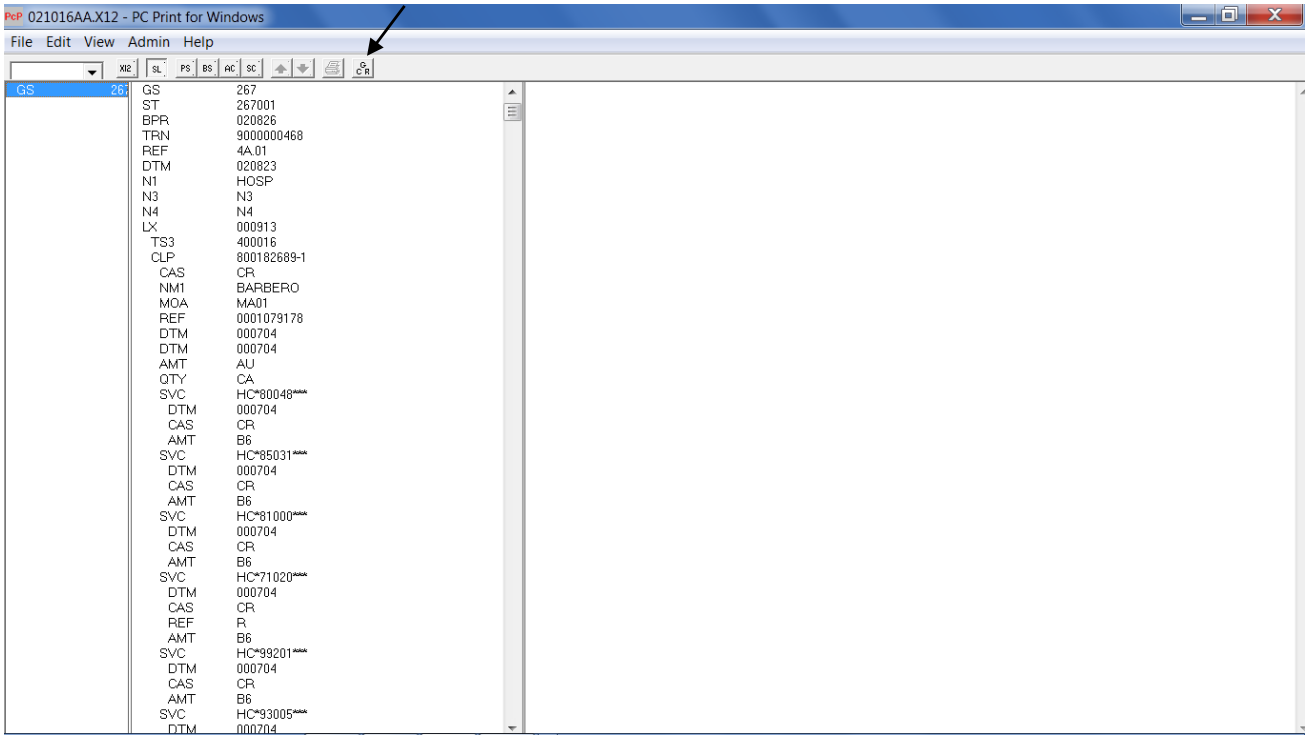

Figure 23. GCR (Group, CARC, RARC) Button Screen Layout

The **GCR (GROUP**, **CARC, RARC)** button displays a listing of Group codes and CARC and RARC codes, associated effective dates, termination dates and descriptions.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

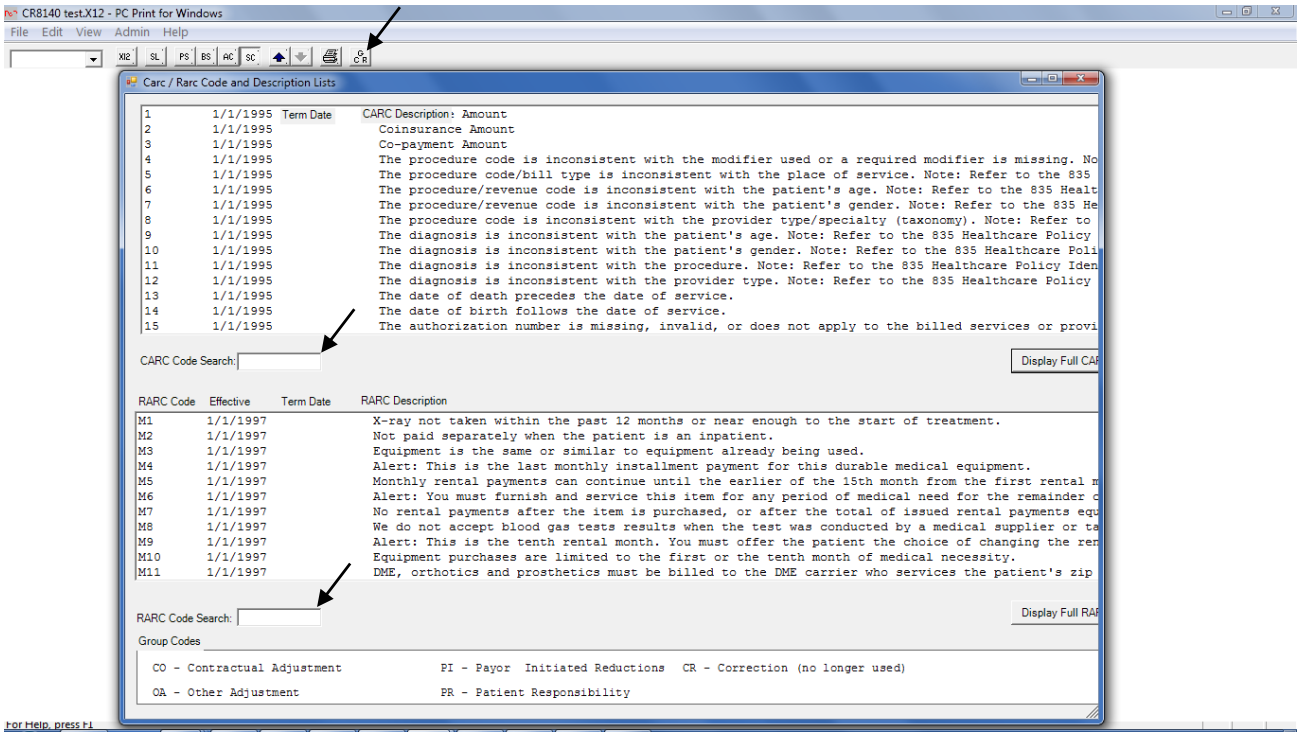
CR8140 test.X12 - PC Print for Windows
File Edit View Admin Help
Carc / Rarc Code and Description Lists
CARC Code Search:
RARC Code Search:
Group Codes
CO - Contractual Adjustment
OA - Other Adjustment
PI - Payor Initiated Reductions
PR - Patient Responsibility
CR - Correction (no longer used)

Figure 24. GCR Code Search Option Screen Layout

The **GCR** button provides a **CARC Code Search** and **RARC Code Search** option to provide specific codes without having to page up and down the listing.

1. In the **CARC Code Search** or **RARC Code Search** box, key in the code to search on.

The screen automatically scrolls to the code entered; or to the closest known code if the entered code is not located in the listing.

Note: There is not a search option for the Group Codes, all available Group Codes are visibly displayed at the bottom of the screen.

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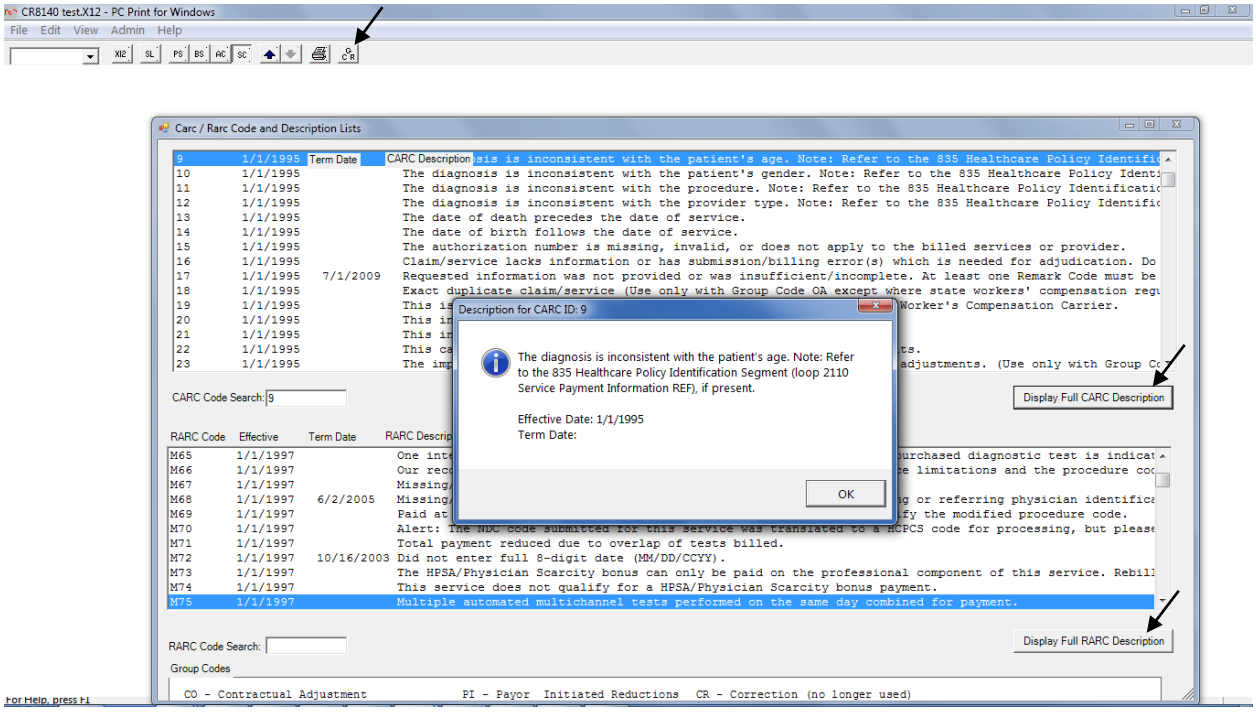
CR8140 testX12 - PC Print for Windows
File Edit View Admin Help
Carc / Rarc Code and Description Lists
Term Date
CARC Description
Description for CARC ID: 9
The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
Effective Date: 1/1/1995
Term Date:
OK
CARC Code Search: 9
Display Full CARC Description
RARC Code
Effective
Term Date
RARC Descrip
RARC Code Search:
Display Full RARC Description
Group Codes
CO - Contractual Adjustment
PI - Payor Initiated Reductions
CR - Correction (no longer used)
For Help, press F1

Figure 25. GCR Display Full CARC/RARC Description Buttons Screen Layout

The **GCR** button provides a **Display Full CARC Description** and **Display Full RARC Description** buttons to provide the full description of a given CARC/RARC that is too long to display on the screen.

1. Select the CARC or RARC code.
2. Click on the **Display Full CARC Description** or **Display Full RARC Description** box.

A Description dialog box displays with the full description of the selected CARC or RARC code.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

BUS.SCE. BUTTON

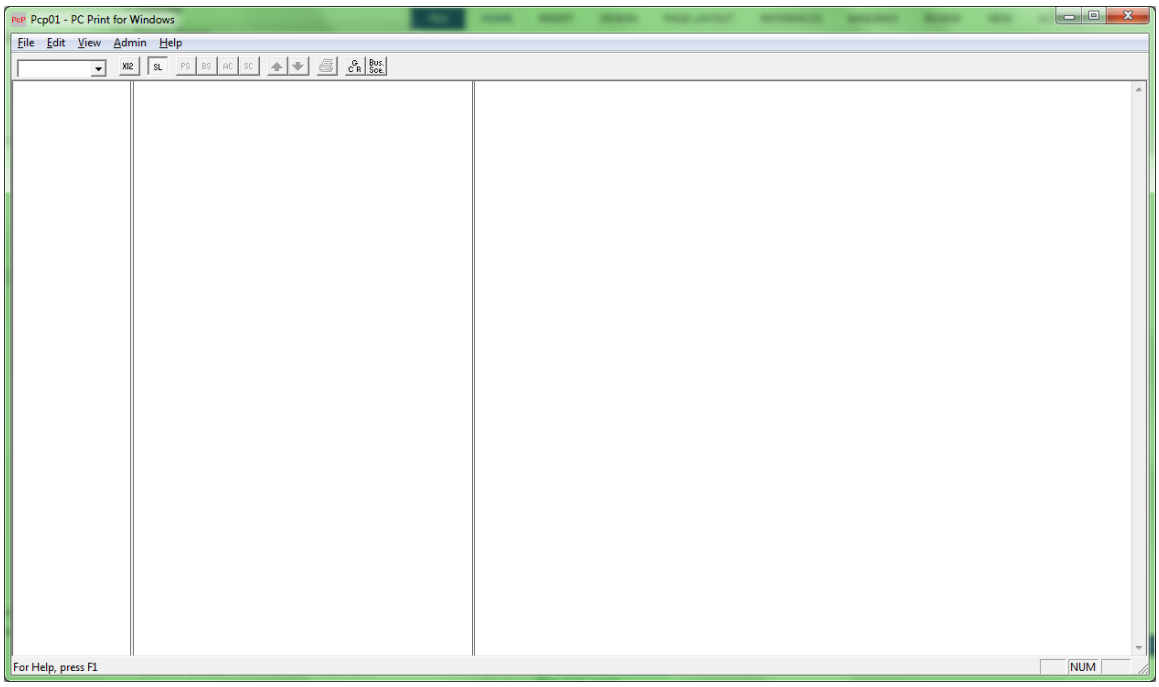

Figure 26. BUS.SCE (Business Scenario) Button Screen Layout

The **BUS. SCE**. **(Business Scenario)** button displays a listing of CARC codes with associated RARC and Group codes that are associated with the Business Scenario. Each of the Business Scenario's 1 through 4 are accessible for viewing.

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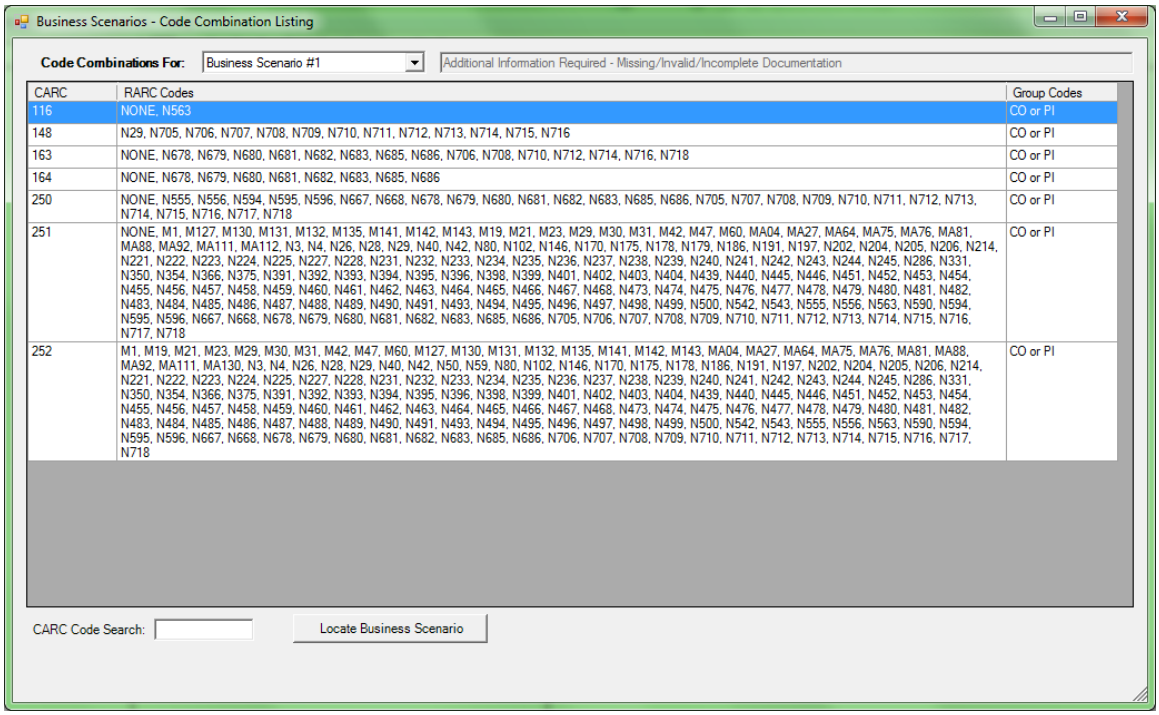

Figure 27. Business Scenarios – Code Combination Listing Screen Layout

The BUS.SCE. Button provides a **CARC Code Search** option to locate the CARC code specific to a Business Scenario without having to go through each Business Scenario.

1. In the CARC Code search box, key in the code to search on.

The screen automatically goes to the Business Scenario for the CARC Code entered, after pressing the "Locate Business Scenario" button. If the entered code is not located in a Business Scenario, a dialog box displays with the message, "The requested CARC was not found in any Business Scenario."

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

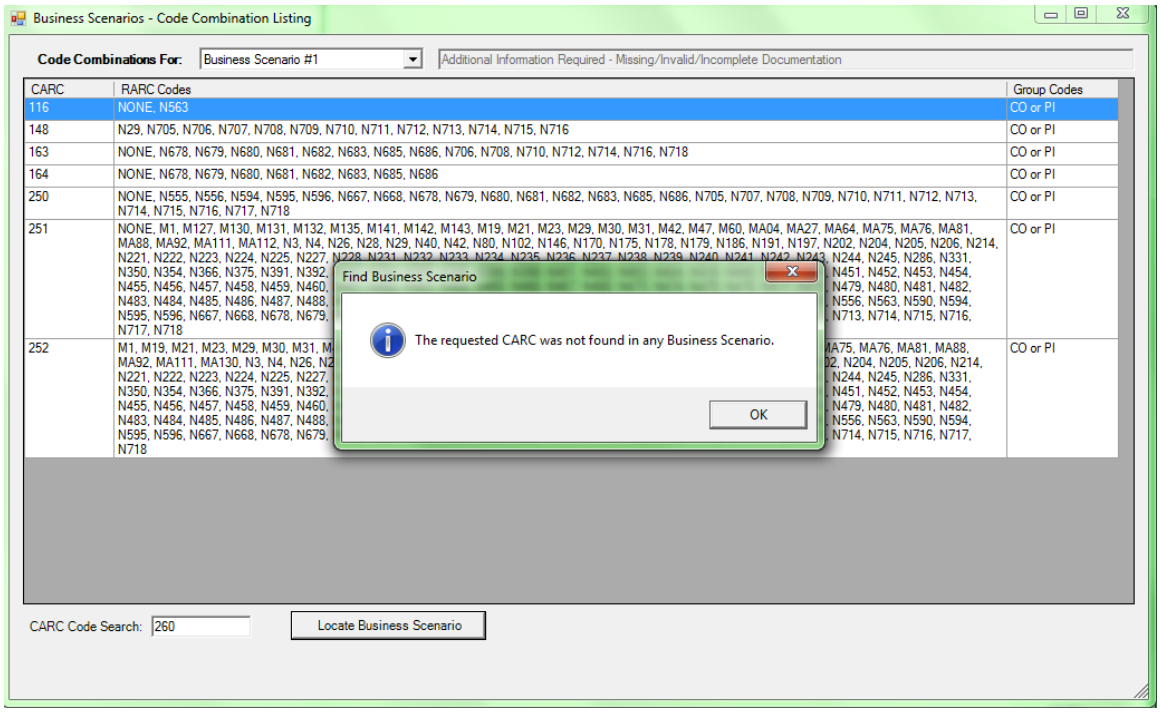
Business Scenarios - Code Combination Listing
Code Combinations For:
Business Scenario #1
Additional Information Required - Missing/Invalid/Incomplete Documentation
CARC
RARC Codes
Group Codes
116
NONE, N563
CO or PI
148
N29, N705, N706, N707, N708, N709, N710, N711, N712, N713, N714, N715, N716
CO or PI
163
NONE, N678, N679, N680, N681, N682, N683, N685, N686, N706, N708, N710, N712, N714, N716, N718
CO or PI
164
NONE, N678, N679, N680, N681, N682, N683, N685, N686
CO or PI
250
NONE, N555, N556, N594, N595, N596, N667, N668, N678, N679, N680, N681, N682, N683, N685, N686, N705, N707, N708, N709, N710, N711, N712, N713, N714, N715, N716, N717, N718
CO or PI
251
CO or PI
252
CO or PI
Find Business Scenario
The requested CARC was not found in any Business Scenario.
OK
CARC Code Search:
260
Locate Business Scenario

Figure 28. Business Scenario Dialog Box Screen Layout

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CHAPTER 6

PRINTING OPTIONS

This section provides various options used to print each report.

PRINTING THE 'SINGLE CLAIM' REPORT

1) The print button on the Tool Bar can be utilized when in the **Single Claim** format. The arrow up and down buttons are available to parse through the claims. Refer to example A.

2) To print all of the claims in the data file in the single claim format, from the menu bar click **File**, then **Print All Items.** All of the claims print in the single claim format. Refer to example B.

3) While in the single claim and parsing through, certain claims can be selected to be printed. This process is done by selecting **Edit** then **Mark For Print.** Refer to example C.

   When **Mark For Print** is selected, a box displays that shows the number(s) of claim(s) that has/have been selected. Refer to example D.

   Continue this process until all claims have been selected to print. Select **File** then **Print Marked Items** and the claims that were marked are printed. Refer to example E.

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PRINTING THE 'ALL CLAIMS' REPORT

1) When in the **All Claims** format, printing the entire report can be done by clicking on the **Printer** button.

2) When in the **All Claims** format and the user would like to print only selected claims, but in the single claim format, first select the claims to be printed by clicking on **Edit** then **Mark For Print** for all the claims to be printed. Once the selection is complete click on the **SC** button. This displays the single claims format, then select **File** then **Print Marked Items.** The claims selected from the AC format are printed in the SC format.

3) Another way to print the entire **All Claims** report is to select **File** then **Print** (or CTRL+P).

PRINTING THE 'PROVIDER SUMMARY' REPORT

1) When in the **Provider Summary** format, click on the **Printer** button on the Tool Bar and the current summary prints. To print additional summaries, parse through using the up/down arrows and use the **Printer** button.

2) Another way to print the **Provider Summary** report(s) is to select **File** then **Print** (or CTRL-P).

PRINTING THE 'BILL SUMMARY' REPORT

1) When in the **Bill Summary** format, click on the **Printer** button on the Tool Bar and the current summary prints. To print additional summaries, parse through using the up/down arrows and use the **Printer** button.

2) Another way to print the **Bill Summary** report(s) is to select **File** then **Print** (or CTRL-P).

NOTE: It is not necessary to go to File/Print if using the CTRL-P sequence.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINT EXAMPLE A

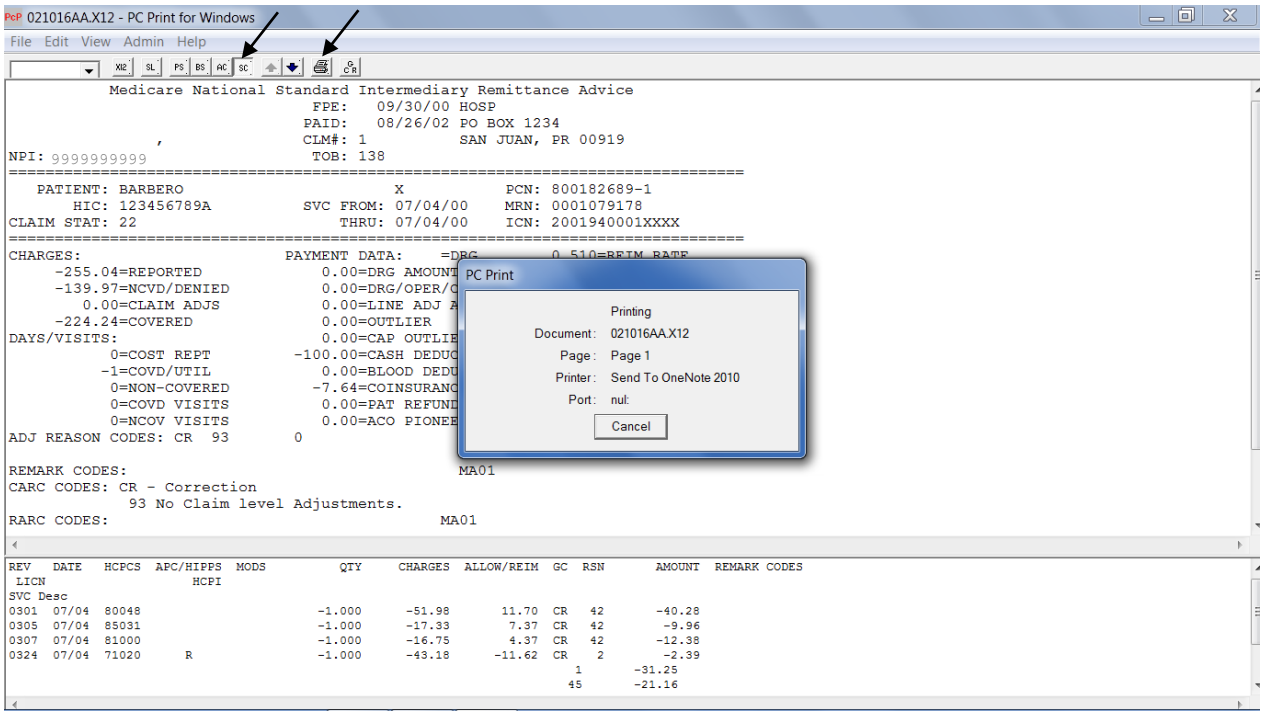


Figure 29. Print Example A Screen Layout

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINT EXAMPLE B

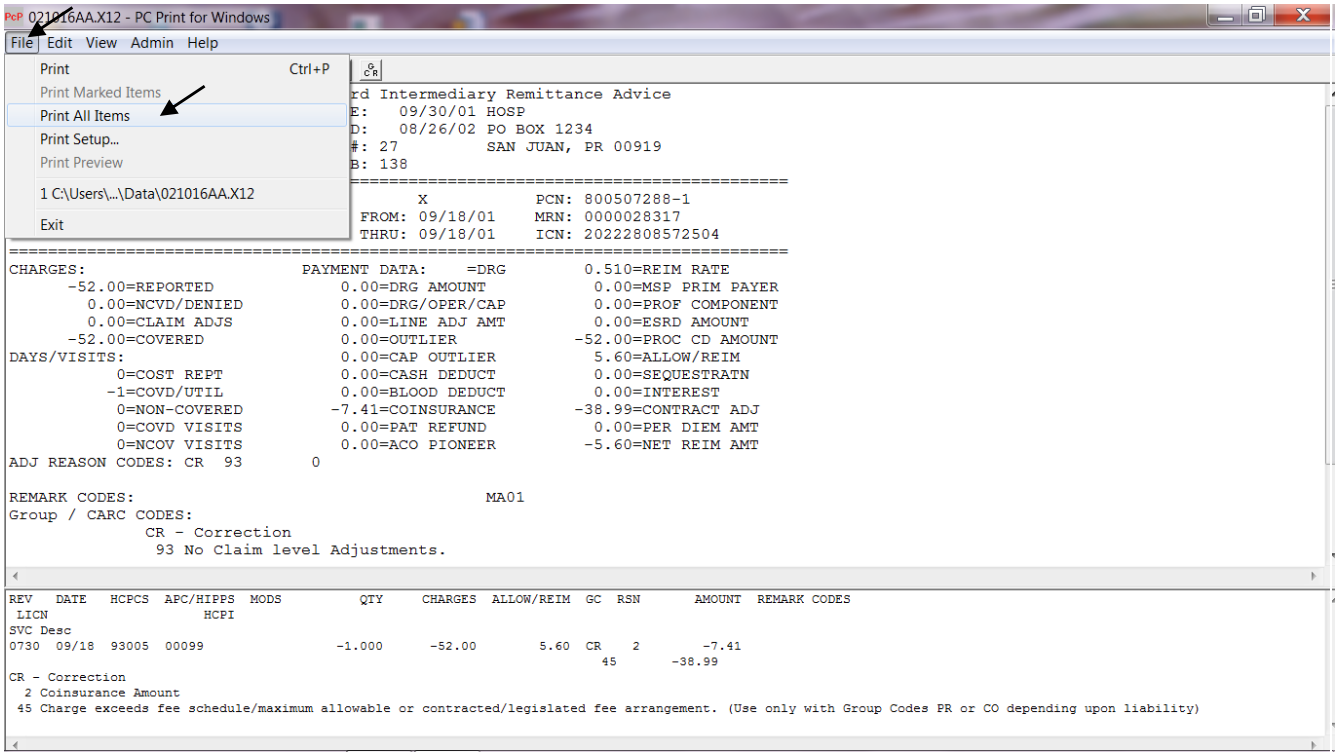


Figure 30. Print Example B – Print All Items Screen Layout

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINT EXAMPLE C

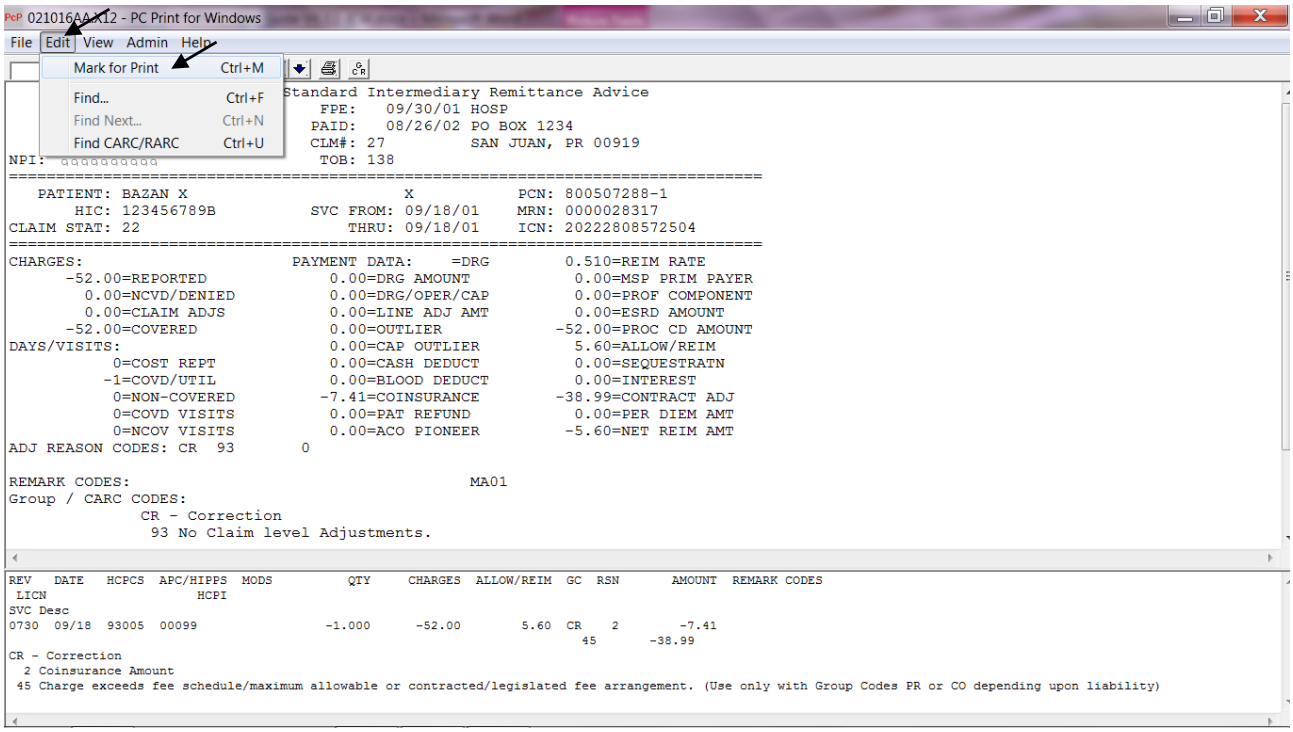

021016AAX12 - PC Print for Windows
File Edit View Admin Help
Mark for Print Ctrl+M
Find... Ctrl+F
Find Next... Ctrl+N
Find CARC/RARC Ctrl+U
Standard Intermediary Remittance Advice
FPE: 09/30/01 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 27 SAN JUAN, PR 00919
NPI: aaaaaaaaaa TOB: 138
PATIENT: BAZAN X X PCN: 800507288-1
HIC: 123456789B SVC FROM: 09/18/01 MRN: 0000028317
CLAIM STAT: 22 THRU: 09/18/01 ICN: 20222808572504
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
-52.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
-52.00=COVERED 0.00=OUTLIER -52.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 5.60=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
-1=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -7.41=COINSURANCE -38.99=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER -5.60=NET REIM AMT
ADJ REASON CODES: CR 93 0
REMARK CODES: MA01
Group / CARC CODES:
CR - Correction
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0730 09/18 93005 00099 -1.000 -52.00 5.60 CR 2 -7.41
45 -38.99
CR - Correction
2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

Figure 31. Print Example C - Screen Layout

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINT EXAMPLE D

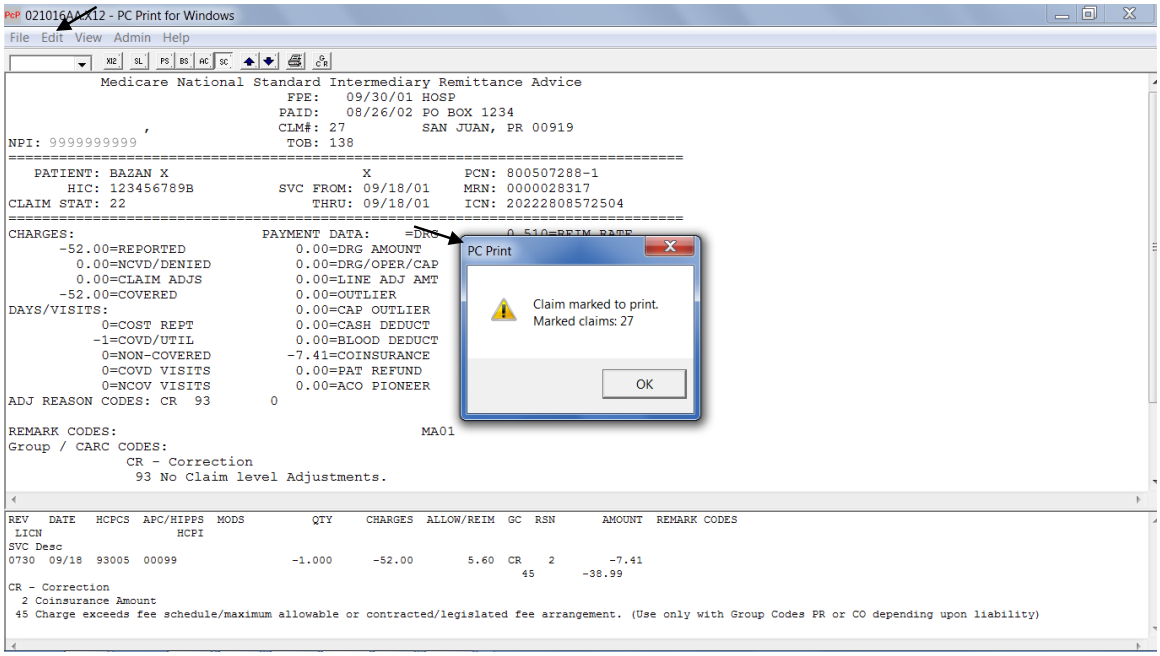


Figure 32. Print Example D

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PRINT EXAMPLE E

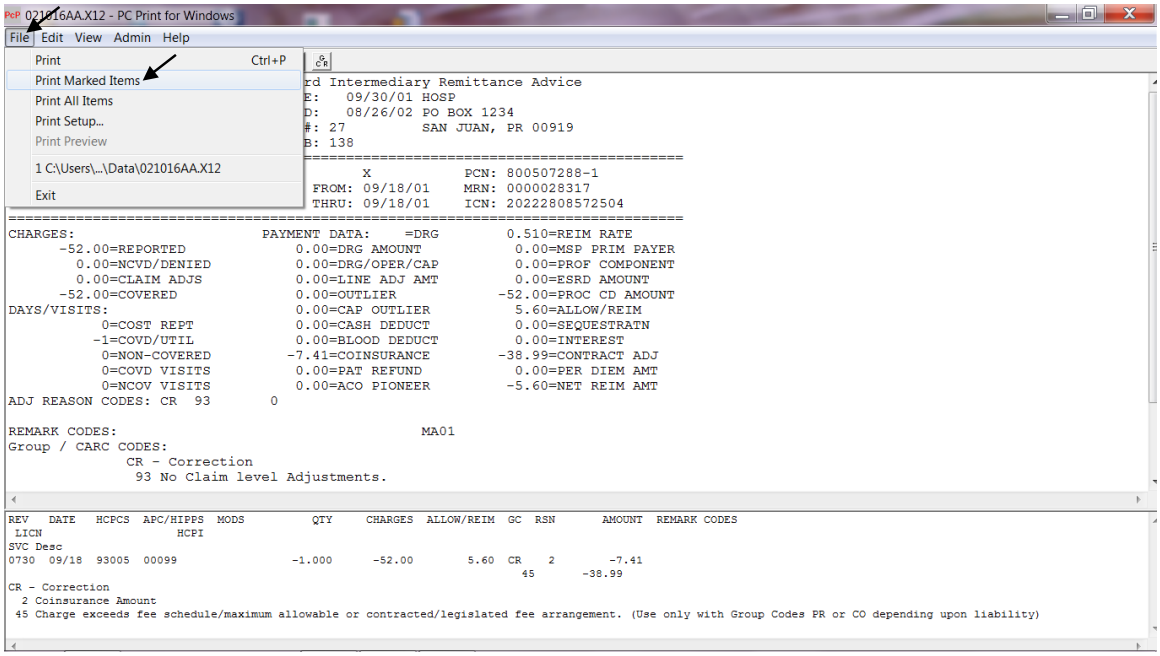


Figure 33. Print Example E – Print Marked Items Screen Layout

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

CHAPTER 7

FIND OPTIONS

This chapter offers instructions on how to locate claims, both "All Claims and Single Claims" and how to locate specific CARCs, RARCs, and Group codes.

FIND OPTIONS GENERAL

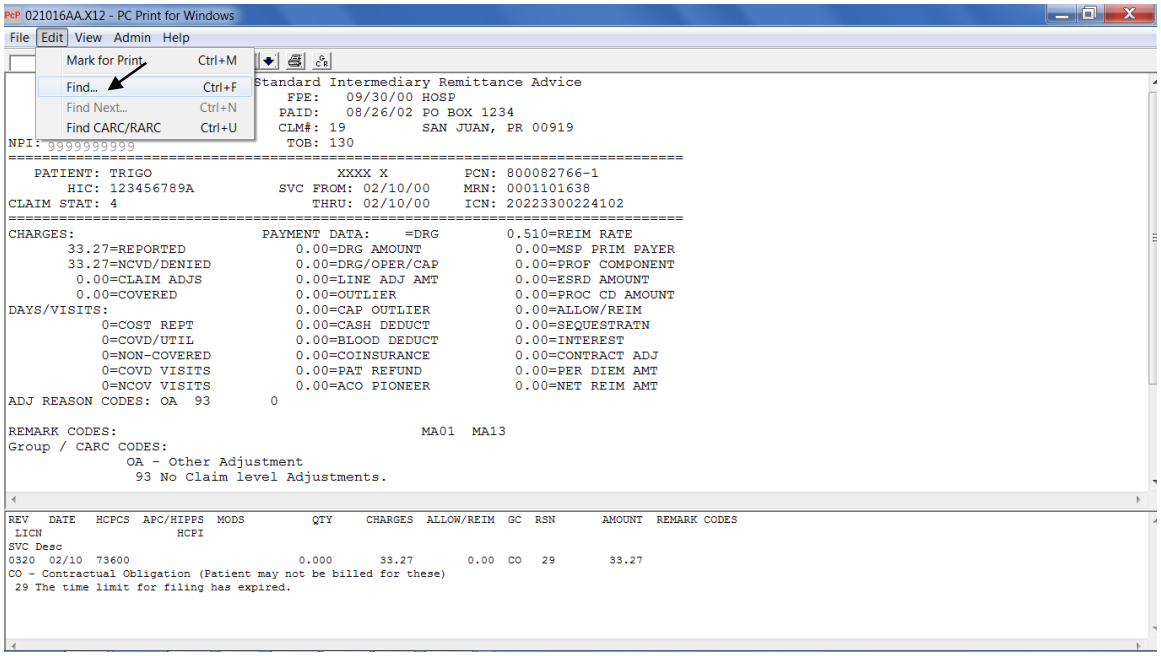
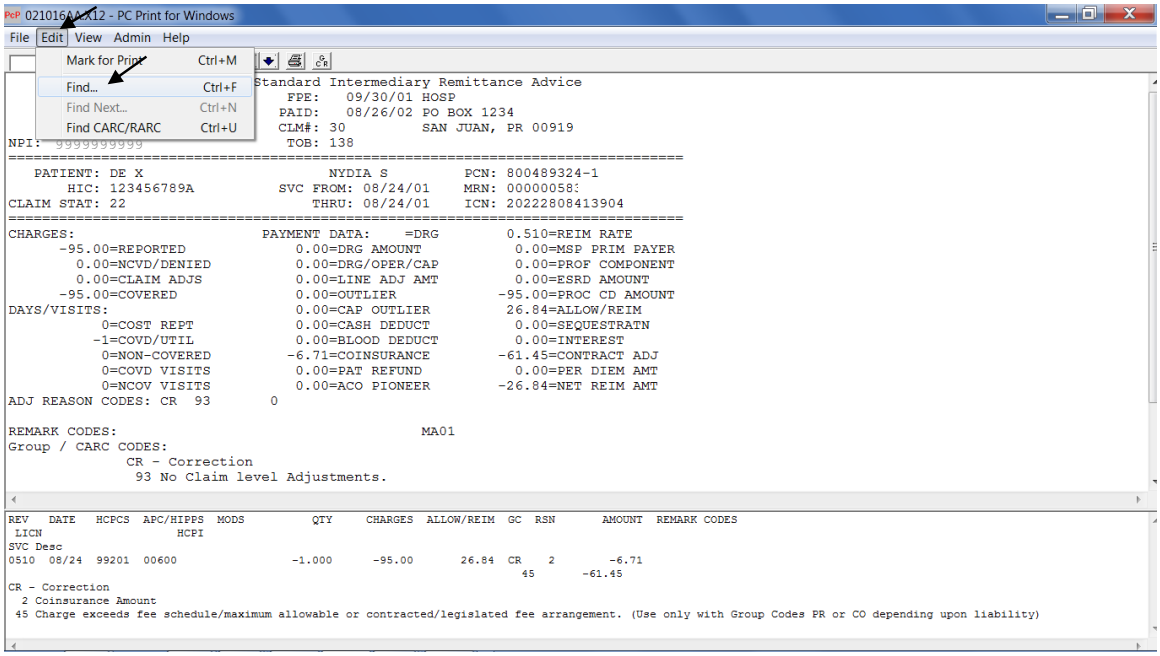

021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Mark for Print Ctrl+M
Find... Ctrl+F
Find Next... Ctrl+N
Find CARC/RARC Ctrl+U
Standard Intermediary Remittance Advice
FPE: 09/30/00 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 19 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 130
PATIENT: TRIGO XXXX X PCN: 800082766-1
HIC: 123456789A SVC FROM: 02/10/00 MRN: 0001101638
CLAIM STAT: 4 THRU: 02/10/00 ICN: 20223300224102
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
33.27=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
33.27=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
0.00=COVERED 0.00=OUTLIER 0.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 0.00=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
0=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED 0.00=COINSURANCE 0.00=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER 0.00=NET REIM AMT
ADJ REASON CODES: OA 93 0
REMARK CODES: MA01 MA13
Group / CARC CODES:
OA - Other Adjustment
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0320 02/10 73600 0.000 33.27 0.00 CO 29 33.27
CO - Contractual Obligation (Patient may not be billed for these)
29 The time limit for filing has expired.

Figure 34. Find Options General Screen Layout

The **Find** option is available on the **All Claims** and the **Single Claim** screens. Each are addressed separately.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

SINGLE CLAIM FIND


021016AAAX12 - PC Print for Windows
File Edit View Admin Help
Mark for Print Ctrl+M
Find... Ctrl+F
Find Next... Ctrl+N
Find CARC/RARC Ctrl+U
Standard Intermediary Remittance Advice
FPE: 09/30/01 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 30 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 138
PATIENT: DE X NYDIA S PCN: 800489324-1
HIC: 123456789A SVC FROM: 08/24/01 MRN: 00000058
CLAIM STAT: 22 THRU: 08/24/01 ICN: 20222808413904
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
-95.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
-95.00=COVERED 0.00=OUTLIER -95.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 26.84=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
-1=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -6.71=COINSURANCE -61.45=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER -26.84=NET REIM AMT
ADJ REASON CODES: CR 93 0
REMARK CODES: MA01
Group / CARC CODES:
CR - Correction
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0510 08/24 99201 00600 -1.000 -95.00 26.84 CR 2 -6.71
45 -61.45
CR - Correction
2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)
Figure 35. Single Claims Find Option Screen Layout

1. Access the single claim screen by clicking the **SC** button.
2. Click on **Edit**, then click on **Find**.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

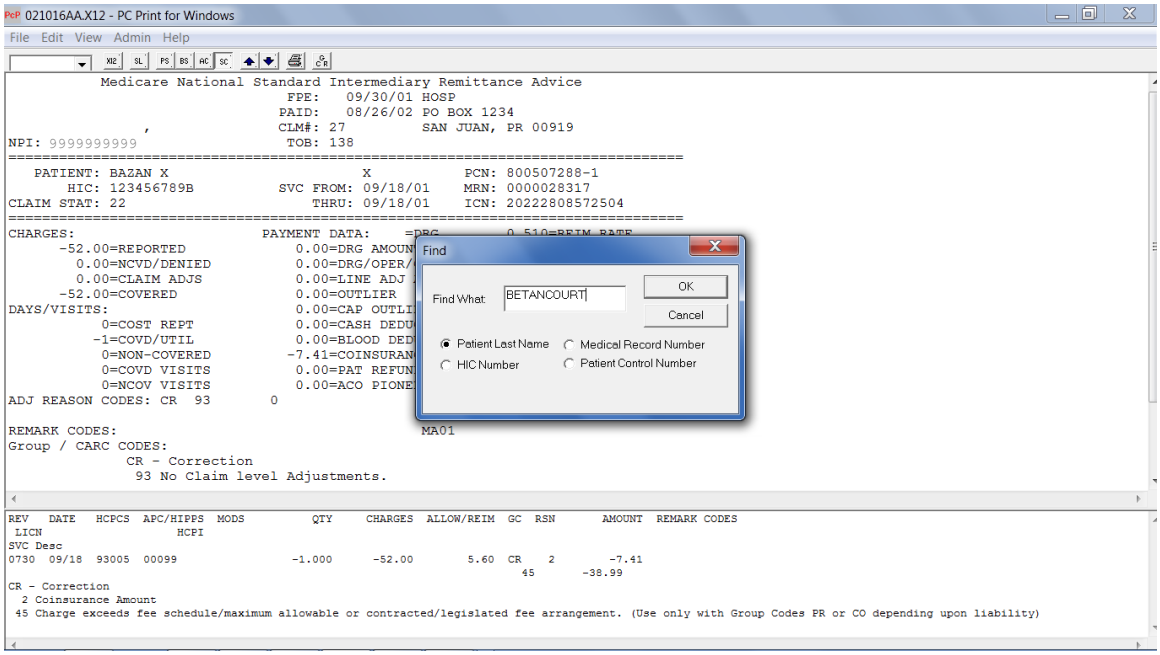


Figure 36. Find Dialog Box Screen Layout

In the **Find** dialog box there are options as to which data field to do a find on (patient last name, medical record number, HIC number, and the patient control number).

1. In the **Find What** box, key in the data to search on.
2. Click on the appropriate search field, then click **OK**.

The application searches for the selection and brings it to the screen for viewing, or it brings up the message “Search text not found.”

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

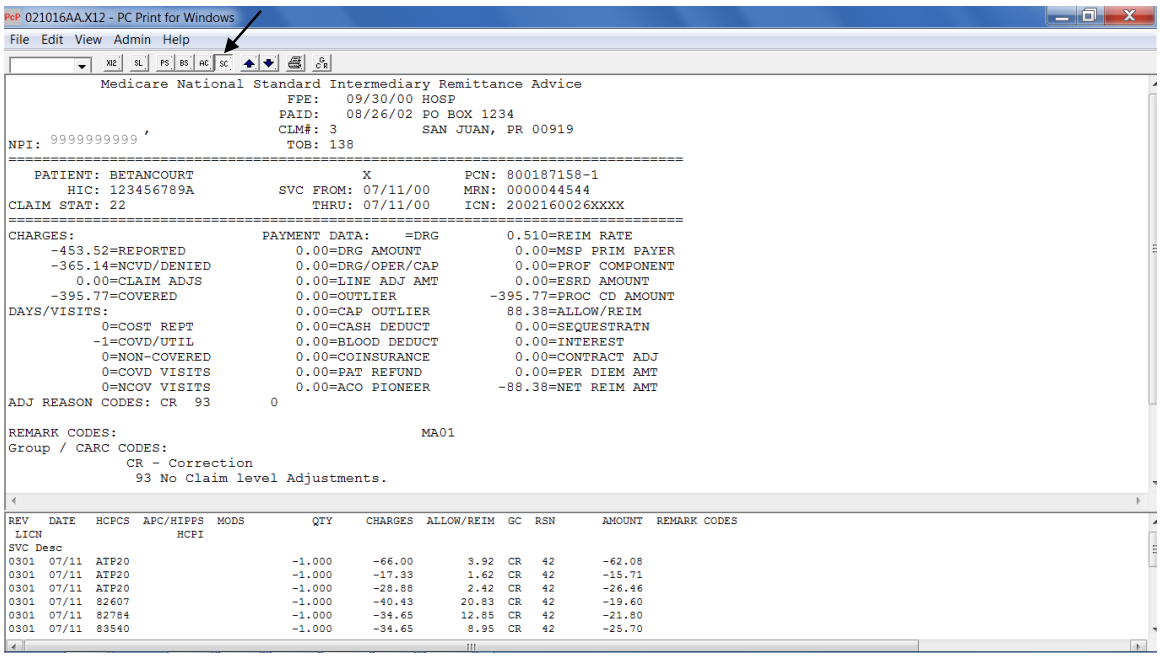
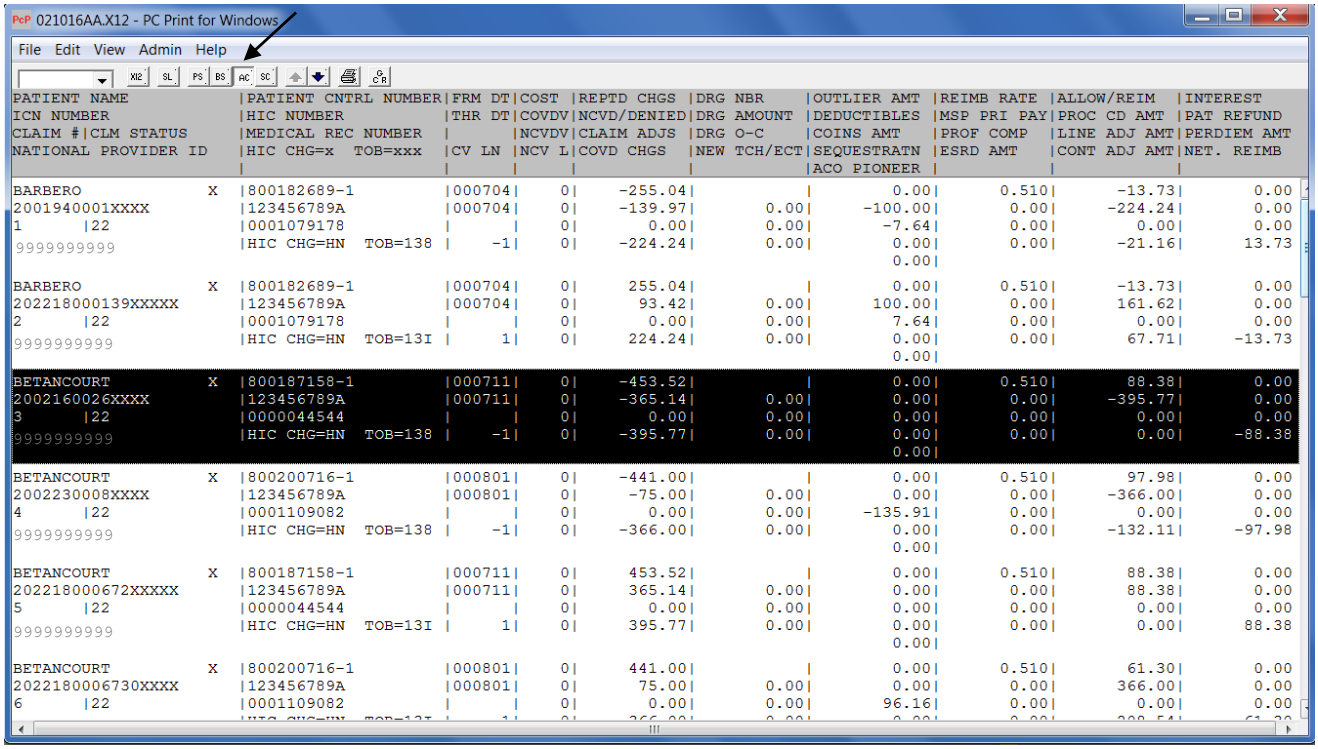


Figure 37. Single Claim Screen Layout

In this application is the capability to toggle between the single claim screen and the all claims screen. If in the **Single Claim** view, and the **AC** button is clicked when the A**ll Claim** screen comes up, the single claim is highlighted in the all claim view.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

ALL CLAIMS FIND



PATIENT NAME / ICN NUMBER / CLAIM # / NATIONAL PROVIDER ID		PATIENT CNTRL NUMBER / HIC NUMBER / MEDICAL REC NUMBER / HIC CHG=x TOB=xxx	FRM DT / THR DT / CV LN	COST / COVDV / NCVDV / NCV L	REPTD CHGS / NCVD/DENIED / CLAIM ADJS / COVD CHGS	DRG NBR / DRG AMOUNT / DRG O-C / NEW TCH/ECT	OUTLIER AMT / DEDUCTIBLES / COINS AMT / SEQUESTRATN / ACO PIONEER	REIMB RATE / MSP PRI PAY / PROF COMP / ESRD AMT	ALLOW/REIM / PROC CD AMT / LINE ADJ AMT / CONT ADJ AMT	INTEREST / PAT REFUND / PERDIEM AMT / NET. REIMB
BARBERO	X	800182689-1	000704	0	-255.04		0.00	0.510	-13.73	0.00
2001940001XXXX		123456789A	000704	0	-139.97	0.00	-100.00	0.00	-224.24	0.00
1 22		0001079178		0	0.00	0.00	-7.64	0.00	0.00	0.00
9999999999		HIC CHG=HN TOB=138	-1	0	-224.24	0.00	0.00 0.00	0.00	-21.16	13.73
BARBERO	X	800182689-1	000704	0	255.04		0.00	0.510	-13.73	0.00
202218000139XXXXX		123456789A	000704	0	93.42	0.00	100.00	0.00	161.62	0.00
2 22		0001079178		0	0.00	0.00	7.64	0.00	0.00	0.00
9999999999		HIC CHG=HN TOB=13I	1	0	224.24	0.00	0.00 0.00	0.00	67.71	-13.73
BETANCOURT	X	800187158-1	000711	0	-453.52		0.00	0.510	88.38	0.00
2002160026XXXX		123456789A	000711	0	-365.14	0.00	0.00	0.00	-395.77	0.00
3 22		0000044544		0	0.00	0.00	0.00	0.00	0.00	0.00
9999999999		HIC CHG=HN TOB=138	-1	0	-395.77	0.00	0.00 0.00	0.00	0.00	-88.38
BETANCOURT	X	800200716-1	000801	0	-441.00		0.00	0.510	97.98	0.00
2002230008XXXX		123456789A	000801	0	-75.00	0.00	0.00	0.00	-366.00	0.00
4 22		0001109082		0	0.00	0.00	-135.91	0.00	0.00	0.00
9999999999		HIC CHG=HN TOB=138	-1	0	-366.00	0.00	0.00 0.00	0.00	-132.11	-97.98
BETANCOURT	X	800187158-1	000711	0	453.52		0.00	0.510	88.38	0.00
202218000672XXXXX		123456789A	000711	0	365.14	0.00	0.00	0.00	88.38	0.00
5 22		0000044544		0	0.00	0.00	0.00	0.00	0.00	0.00
9999999999		HIC CHG=HN TOB=13I	1	0	395.77	0.00	0.00 0.00	0.00	0.00	88.38
BETANCOURT	X	800200716-1	000801	0	441.00		0.00	0.510	61.30	0.00
2022180006730XXXX		123456789A	000801	0	75.00	0.00	0.00	0.00	366.00	0.00
6 22		0001109082		0	0.00	0.00	96.16	0.00	0.00	0.00

Figure 38. All Claims Find Feature Screen Layout

In the all claims **AC** search/find, note a feature of this screen. In the status bar at the bottom of the screen it states "Displaying claims 1 through 10 of the total 10 claims." If there are more claims, click on the A**rrow Down** button to view the next set. Then the status bar reflects "Displaying claims xx through xx of the total xx claims."

Select **Edit\Find** and input the search criteria and click **OK**. Once the claim is found it is highlighted. To view the claim in the single claim format, click on the highlighted claim then click on the **SC** button and the application goes directly to the single claim format for that particular claim.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

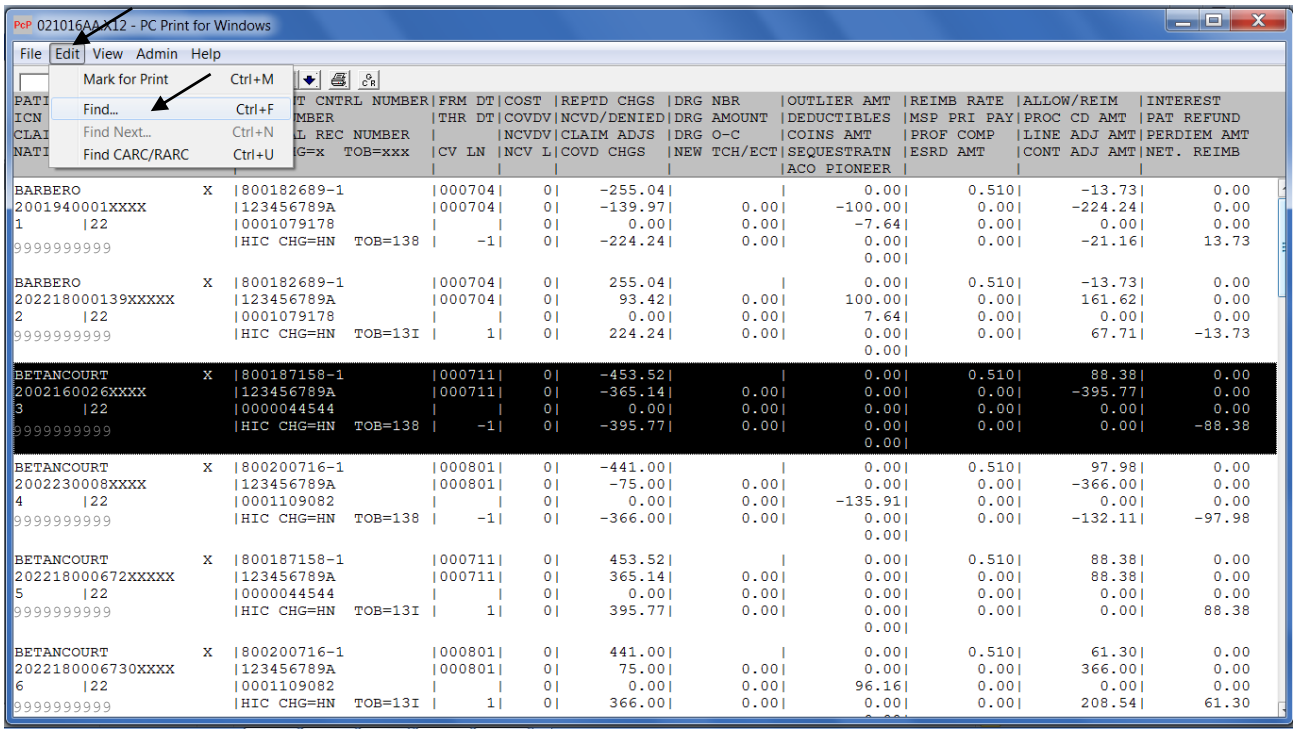


Figure 39. All Claims Find – AC Button Screen Layout

1. Access the all claims screen by clicking the **AC** button.
2. Click on **Edit**, in the pull down menu click on **Find.**

NOTE: If the **Find** returns more than one claim with the same search criteria, then the **Find Next** is available.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

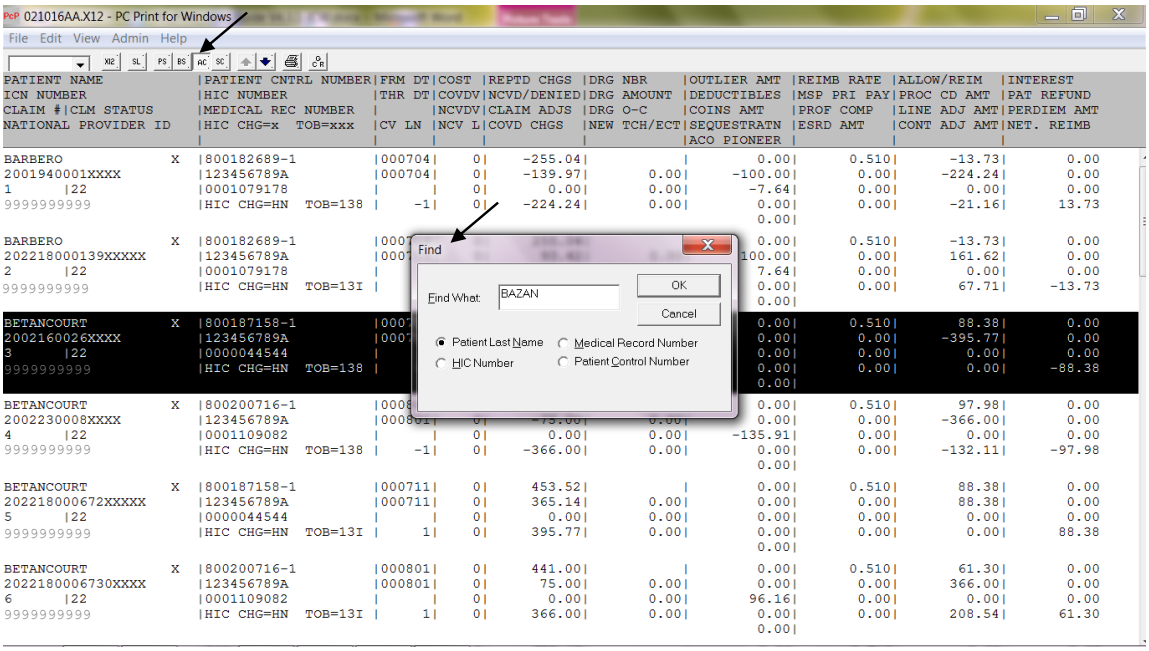


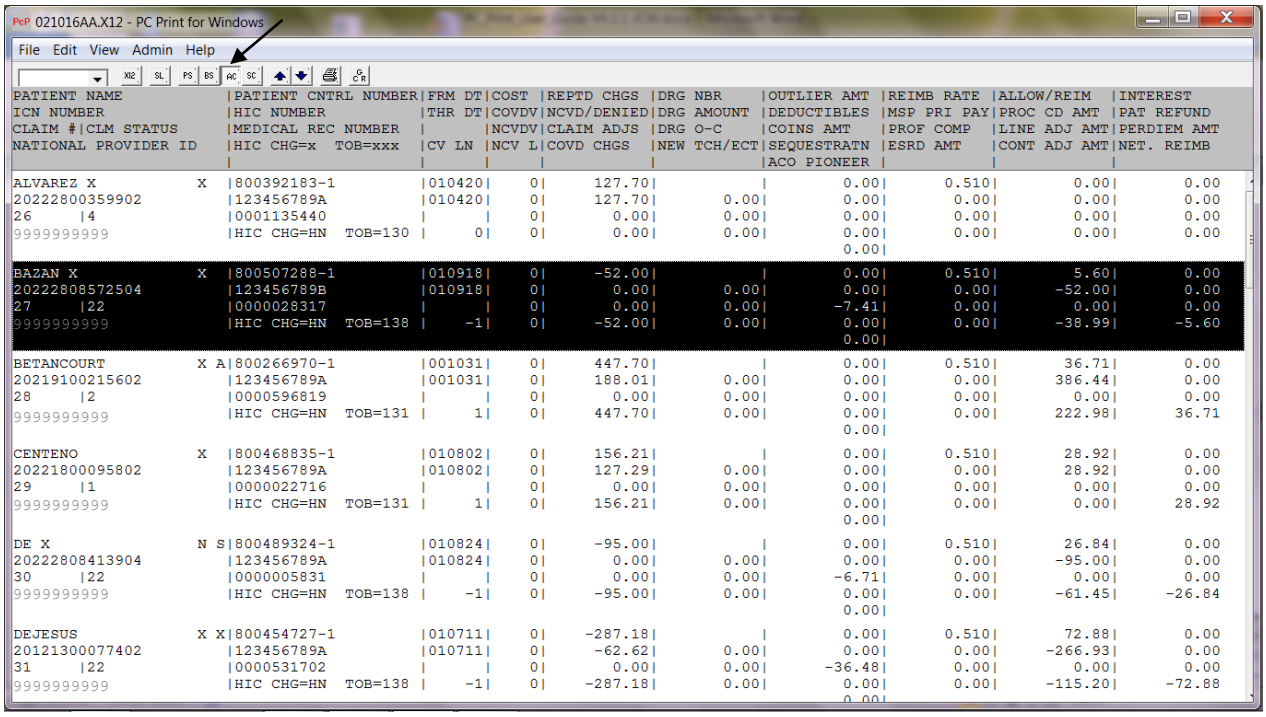
Figure 40. All Claims (AC) Find Dialog Box Screen Layout

In the **Find** dialog box there are options as to which data field to do a find on (patient last name, medical record number, HIC number, and the patient control number).

1. In the **Find What** box, key in the data to search on.
2. Click on the appropriate search field, then click **OK**.

The application searches for the selection and brings it to the screen for viewing or it brings up the message "Search text not found."

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.



PATIENT NAME / ICN NUMBER / CLAIM # / NATIONAL PROVIDER ID		PATIENT CNTRL NUMBER / HIC NUMBER / MEDICAL REC NUMBER / HIC CHG=x TOB=xxx	FRM DT / THR DT / CV LN	COST / COVDV / NCVDV / NCV L	REPTD CHGS / NCVD/DENIED / CLAIM ADJS / COVD CHGS	DRG NBR / DRG AMOUNT / DRG O-C / NEW TCH/ECT	OUTLIER AMT / DEDUCTIBLES / COINS AMT / SEQUESTRATN / ACO PIONEER	REIMB RATE / MSP PRI PAY / PROF COMP / ESRD AMT	ALLOW/REIM / PROC CD AMT / LINE ADJ AMT / CONT ADJ AMT	INTEREST / PAT REFUND / PERDIEM AMT / NET. REIMB
ALVAREZ X 20222800359902 26 |4 9999999999	X	800392183-1 123456789A 0001135440 HIC CHG=HN TOB=130	010420 010420 0	0 0 0 0	127.70 127.70 0.00 0.00	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
BAZAN X 20222808572504 27 |22 9999999999	X	800507288-1 123456789B 0000028317 HIC CHG=HN TOB=138	010918 010918 -1	0 0 0 0	-52.00 0.00 0.00 -52.00	 0.00 0.00 0.00	0.00 0.00 -7.41 0.00 0.00	0.510 0.00 0.00 0.00	5.60 -52.00 0.00 -38.99	0.00 0.00 0.00 -5.60
BETANCOURT 20219100215602 28 |2 9999999999	X A	800266970-1 123456789A 0000596819 HIC CHG=HN TOB=131	001031 001031 1	0 0 0 0	447.70 188.01 0.00 447.70	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	36.71 386.44 0.00 222.98	0.00 0.00 0.00 36.71
CENTENO 20221800095802 29 |1 9999999999	X	800468835-1 123456789A 0000022716 HIC CHG=HN TOB=131	010802 010802 1	0 0 0 0	156.21 127.29 0.00 156.21	 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.510 0.00 0.00 0.00	28.92 28.92 0.00 0.00	0.00 0.00 0.00 28.92
DE X 20222808413904 30 |22 9999999999	N S	800489324-1 123456789A 0000005831 HIC CHG=HN TOB=138	010824 010824 -1	0 0 0 0	-95.00 0.00 0.00 -95.00	 0.00 0.00 0.00	0.00 0.00 -6.71 0.00 0.00	0.510 0.00 0.00 0.00	26.84 -95.00 0.00 -61.45	0.00 0.00 0.00 -26.84
DEJESUS 20121300077402 31 |22 9999999999	X X	800454727-1 123456789A 0000531702 HIC CHG=HN TOB=138	010711 010711 -1	0 0 0 0	-287.18 -62.62 0.00 -287.18	 0.00 0.00 0.00	0.00 0.00 -36.48 0.00 0.00	0.510 0.00 0.00 0.00	72.88 -266.93 0.00 -115.20	0.00 0.00 0.00 -72.88

Figure 41. All Claims (AC) Search Results Screen Layout

The search found the requested patient and highlighted the claim. By clicking on the highlighted claim and then the **SC** button, the application displays the single claim format of that claim.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

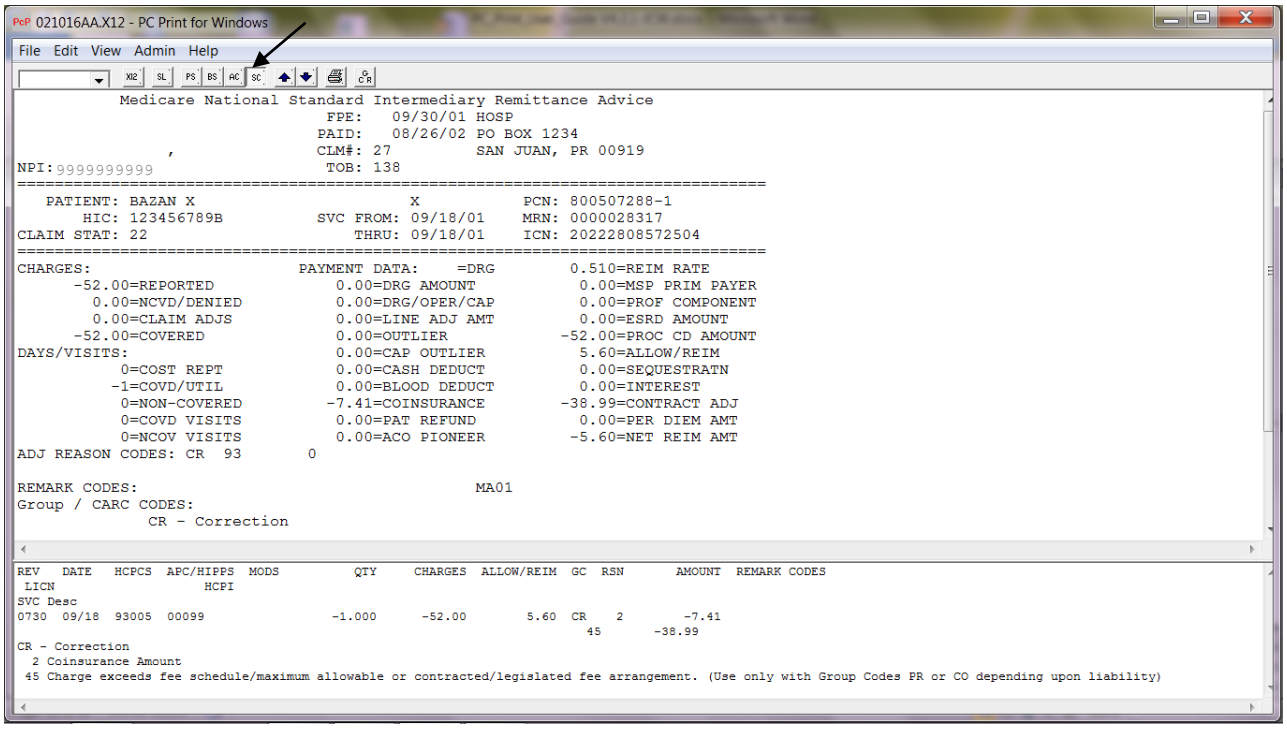

021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Medicare National Standard Intermediary Remittance Advice
FPE: 09/30/01 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 27 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 138
PATIENT: BAZAN X X PCN: 800507288-1
HIC: 123456789B SVC FROM: 09/18/01 MRN: 0000028317
CLAIM STAT: 22 THRU: 09/18/01 ICN: 20222808572504
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
-52.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
-52.00=COVERED 0.00=OUTLIER -52.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 5.60=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
-1=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -7.41=COINSURANCE -38.99=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER -5.60=NET REIM AMT
ADJ REASON CODES: CR 93 0
REMARK CODES: MA01
Group / CARC CODES:
CR - Correction
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0730 09/18 93005 00099 -1.000 -52.00 5.60 CR 2 -7.41
45 -38.99
CR - Correction
2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

Figure 42. SC (Single Claim) Format Screen Layout

This screen displayed from the previous application request. From here (**SC**), click on the **AC** button and the application returns to the claim in the **all claim** format.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

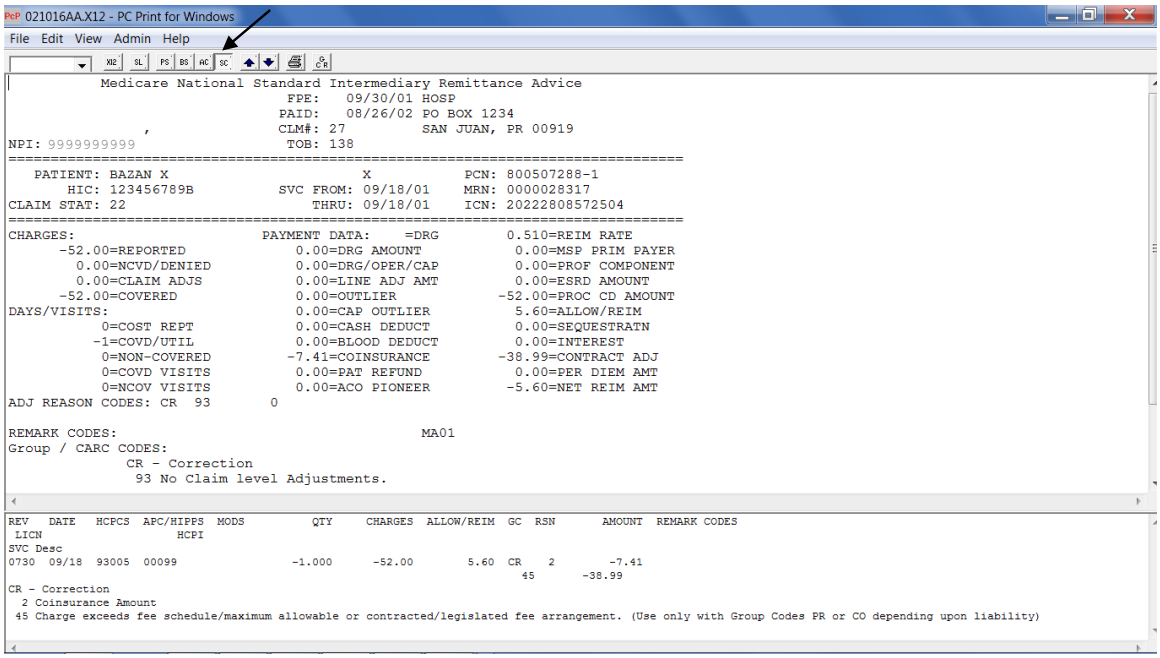

021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Medicare National Standard Intermediary Remittance Advice
FPE: 09/30/01 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 27 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 138
PATIENT: BAZAN X X PCN: 800507288-1
HIC: 123456789B SVC FROM: 09/18/01 MRN: 0000028317
CLAIM STAT: 22 THRU: 09/18/01 ICN: 20222808572504
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
-52.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
-52.00=COVERED 0.00=OUTLIER -52.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 5.60=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
-1=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -7.41=COINSURANCE -38.99=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER -5.60=NET REIM AMT
ADJ REASON CODES: CR 93 0
REMARK CODES: MA01
Group / CARC CODES:
CR - Correction
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0730 09/18 93005 00099 -1.000 -52.00 5.60 CR 2 -7.41
45 -38.99
CR - Correction
2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

Figure 43. SC (Single Claim) Screen Layout

In this application is the capability to toggle between the "Single Claim" screen and the "All Claims" screen. If in the "**Single Claim**" view and the **AC** button is clicked when the "**All Claim**" screen comes up, the "Single Claim" is highlighted in the "All Claim" view.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

FIND CARC/RARC

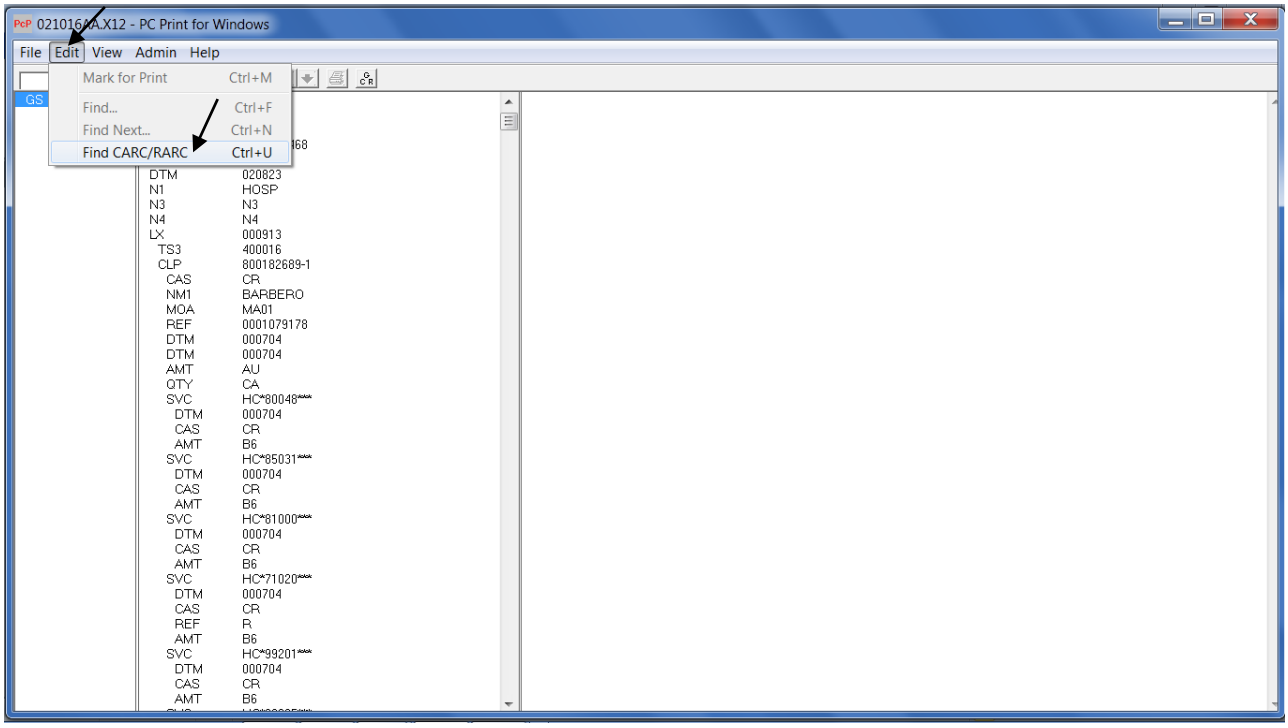

Figure 44. CARC/RARC Find Option Screen Layout

1. Access the single claim screen by clicking the **SC** button.
2. Click on **Edit**, then click on **Find CARC/RARC**.

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

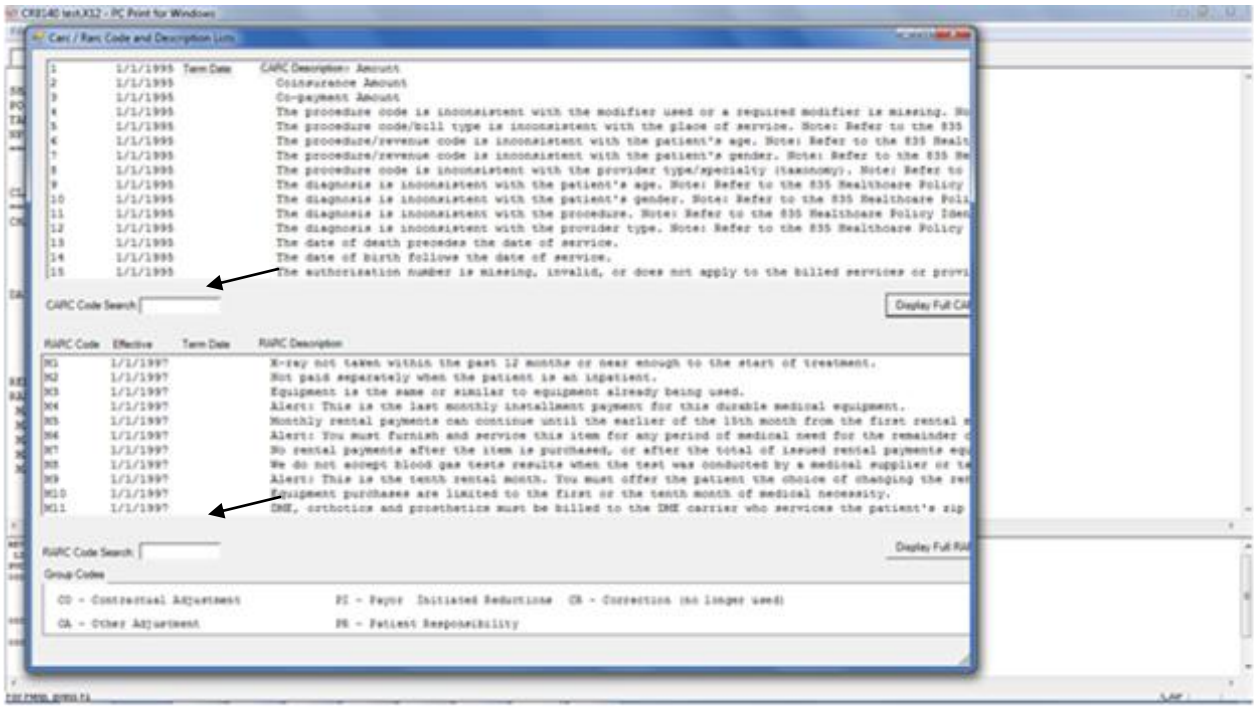


Figure 45. Find CARC/RARC Dialog Box Screen Layout

In the **Find CARC/RARC** dialog box provides a code search option to locate specific codes without having to page up and down the listing.

1. In the **CARC Code Search** or **RARC Code Search** box, key in the code to search on.

The screen automatically scrolls to the code entered; or the closest code if the entered code is not located in the listing.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

CHAPTER 8

PROCESSING PROCEDURES

This section explains directions necessary to load a new **data file** and to process claims once the data file has been successfully loaded.

LOADING NEW DATA FILE AND PC PRINT PROCESS

Each new 835 mailbox transmission received needs to be copied or transferred from the data set file into the PC Print data file before viewing and or printing in the PC Print application. The recommended data file naming convention is YYMMDDX.X12 (example: 981128A.X12, remittance advice date).

1. Copy or transfer from the system remittance advice mailbox an 835 X12 File, then place it in a folder that can be accessed by the PC Print Application.

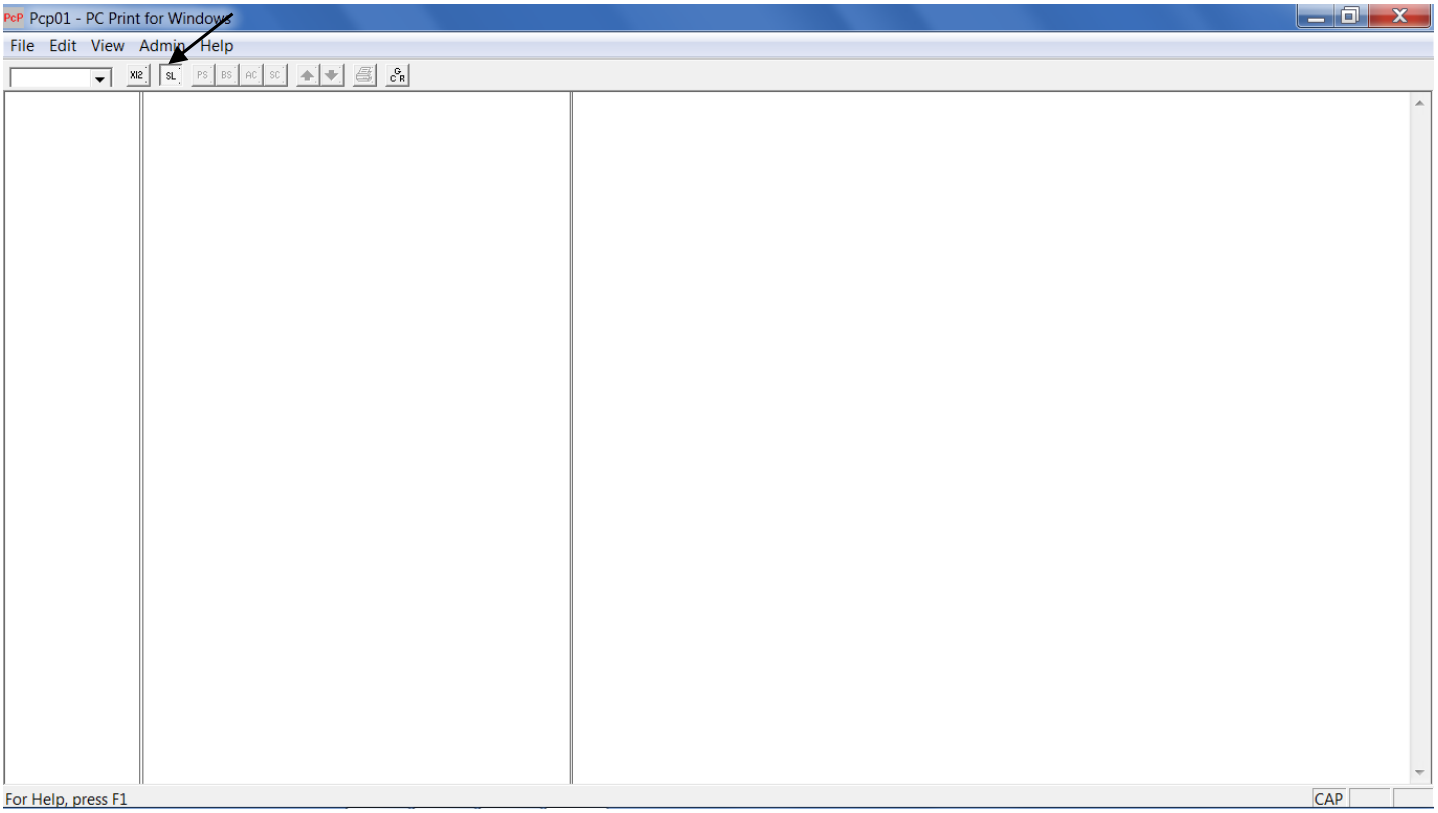


Figure 46. Blank SL (Segment List) Screen Layout

2. Upon double clicking the **PC Print** icon this screen displays and the **SL** button is selected. Before any claim information displays a data file needs to be selected.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

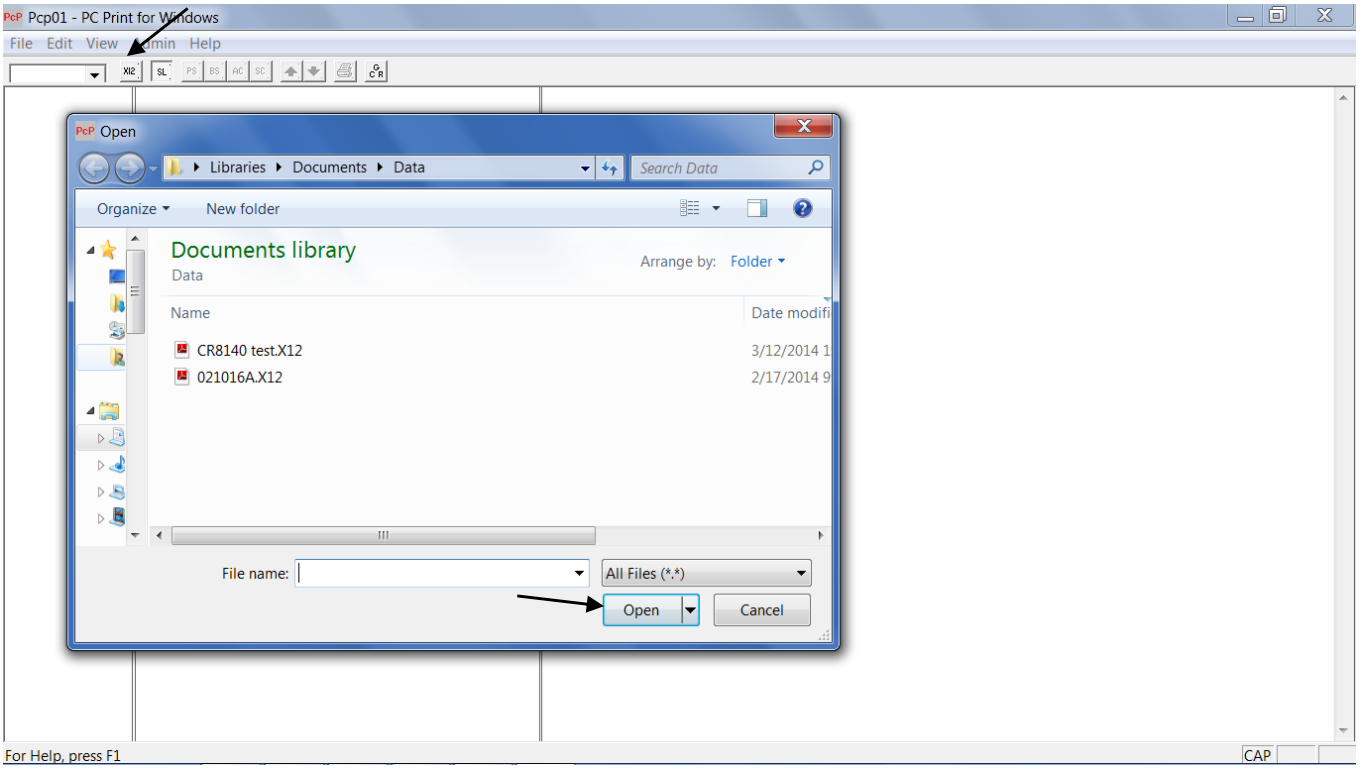


Figure 47. X12 Button – Open Dialog Box Screen Layout (1 of 2)

3. Clicking on the X12 button brings up the **Open** dialog box. Select the **Data** folder for viewing the data files, then click **Open.**

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

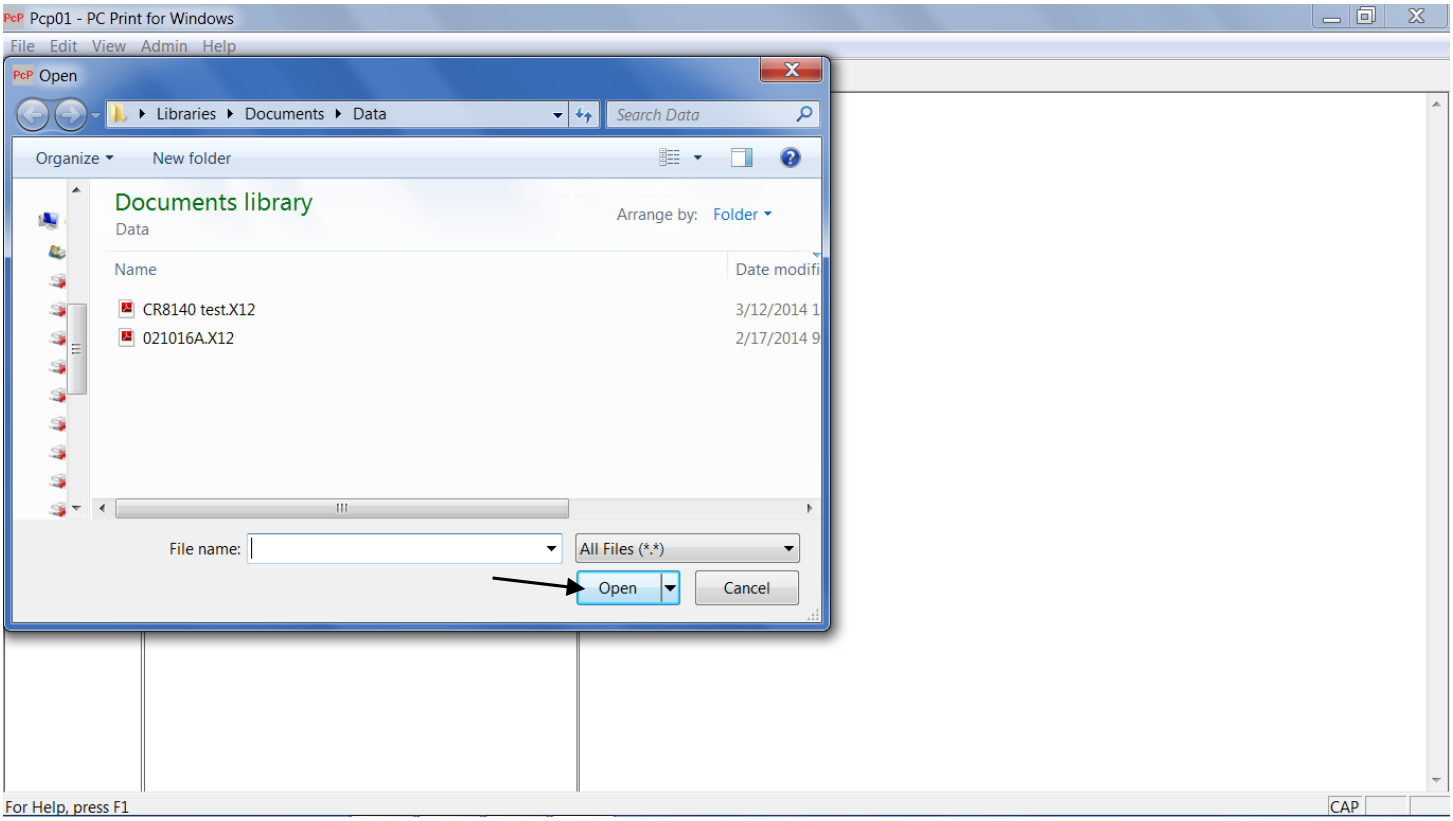


Figure 48. X12 Button – Open Dialog Box (2 of 2)

4. Select a data file and click on **Open.** If the data file selected is not the correct one, click the X12 button again and make another selection as stated above.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

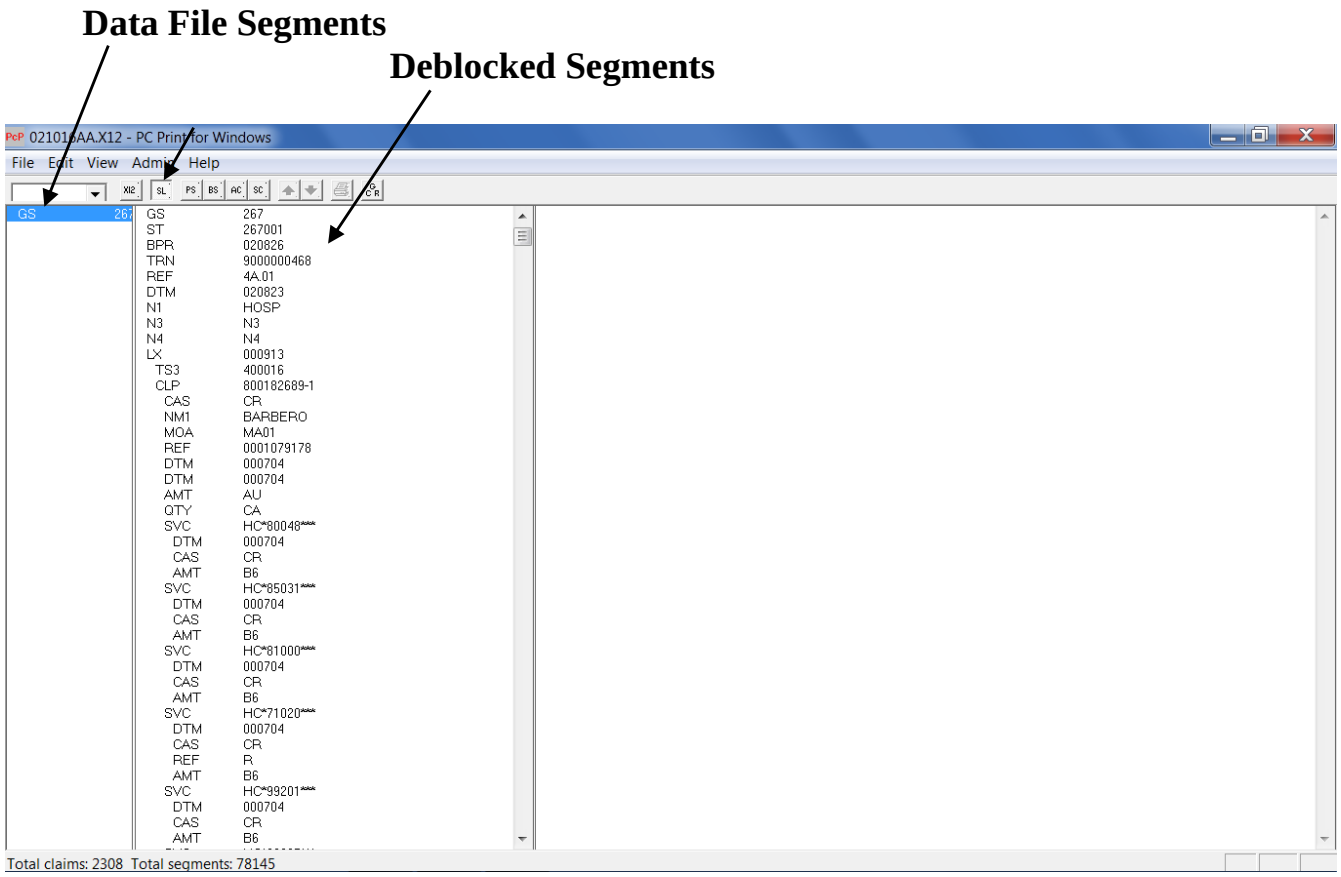


Figure 49. Data File in Segment List (SL) Format Screen Layout (1 of 2)

5. Once the data file is selected it appears on the screen in the segment list format. Starting from the left, the first column shows the **GS** segments, the second column shows the segments within the **GS** and the third column reflects the data in each segment (example follows).

   NOTE: On the bottom left of the screen it states the total number of claims and total number of segments in the data file.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

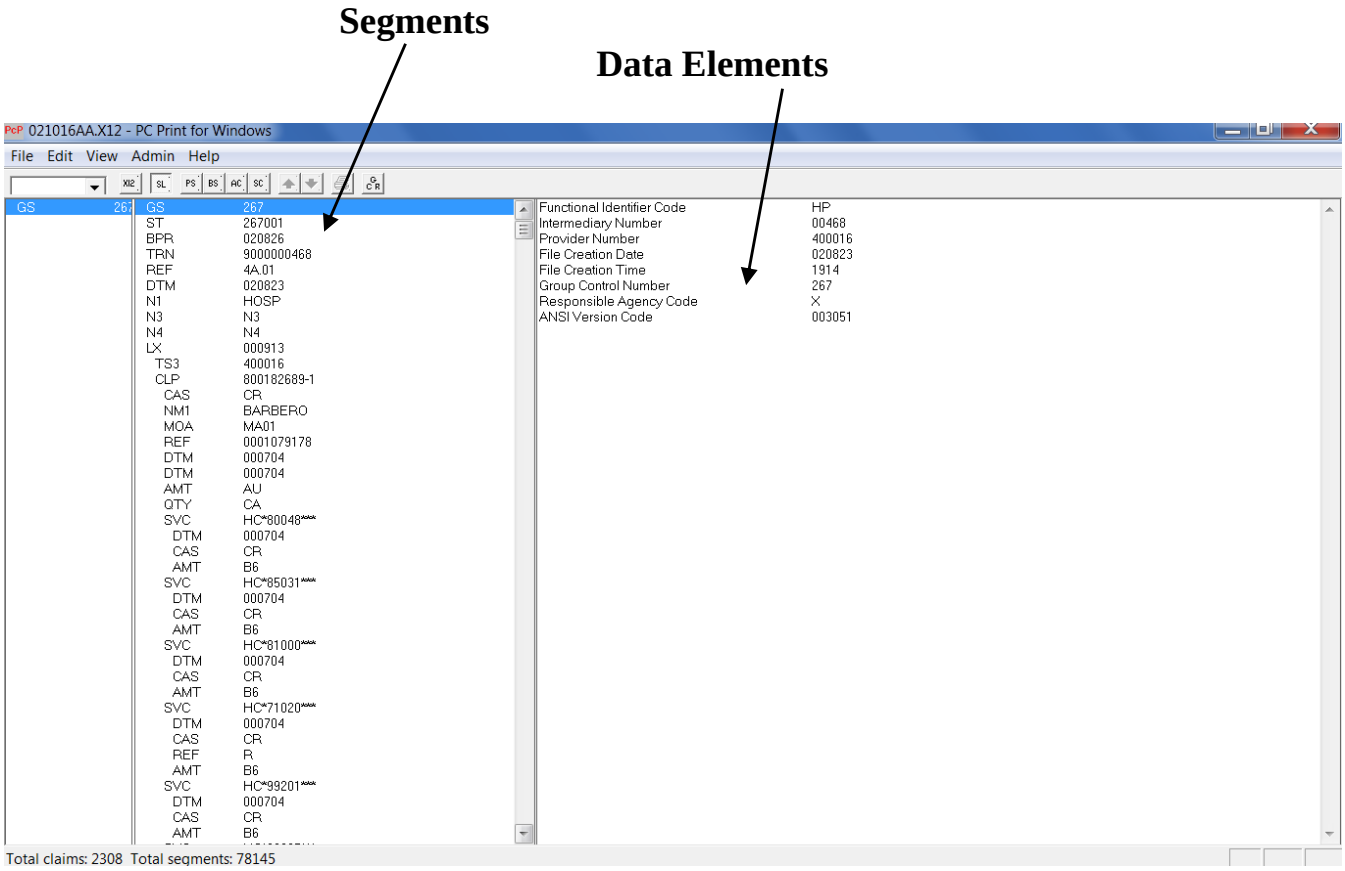


Figure 50. Data File in Segment List (SL) Format Screen Layout (2 of 2)

6. This screen shows the data in each segment as selected. A vertical scroll bar is available for parsing through the data file.

   NOTE: In the Status Bar at the bottom of the screen it states the total number of claims and total number of segments in the data file.

   NOTE: The PC Print environment has limitations on the size of a data file used. It has been determined that a data file with greater than approximately 80,000 segments does not appropriately process in this PC Print Software. FISS does not recommend using files greater than 80,000 segments. Further in this document, segments are covered.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

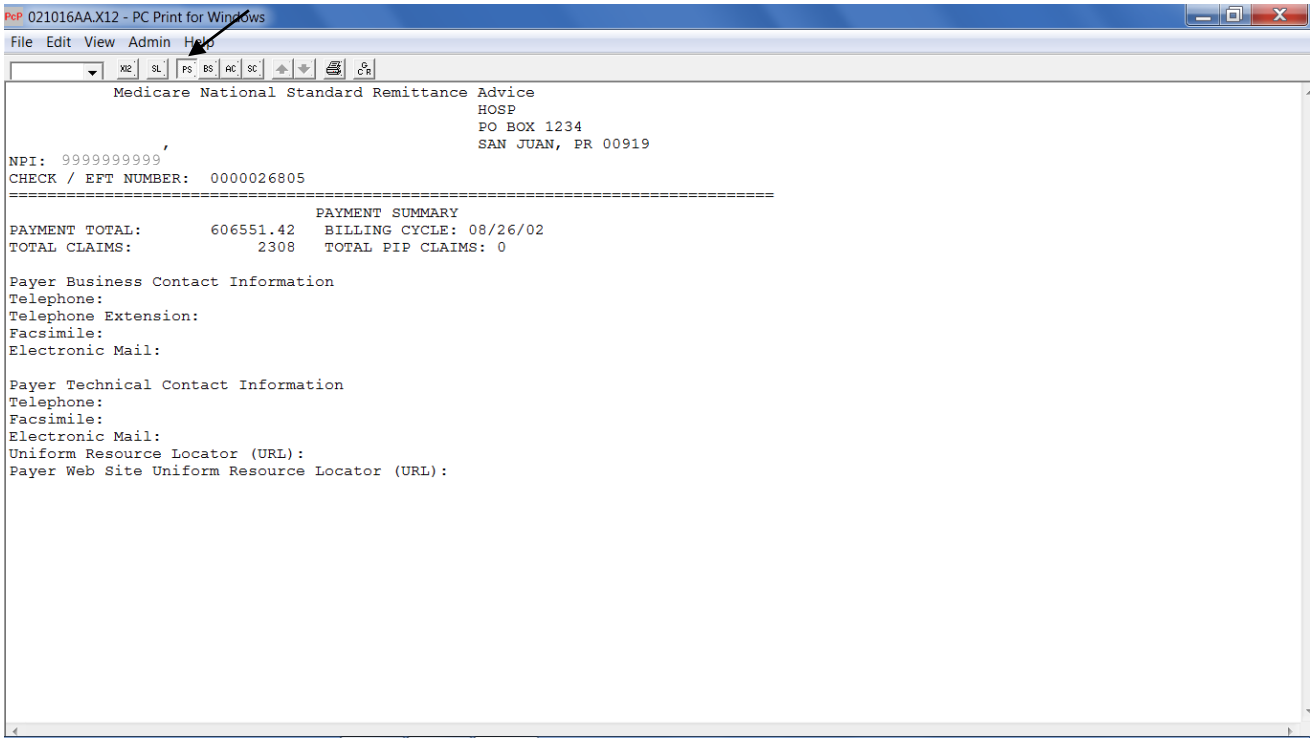


Figure 51. Provider Summary (PS) Screen Layout

7. Selecting the **PS** button brings up the Provider Summary screen. The Provider Summary is available from the **View** menu and as a keyboard sequence CTRL-R.

   NOTE: The Status Bar at the bottom of the screen displays the total number of claims.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

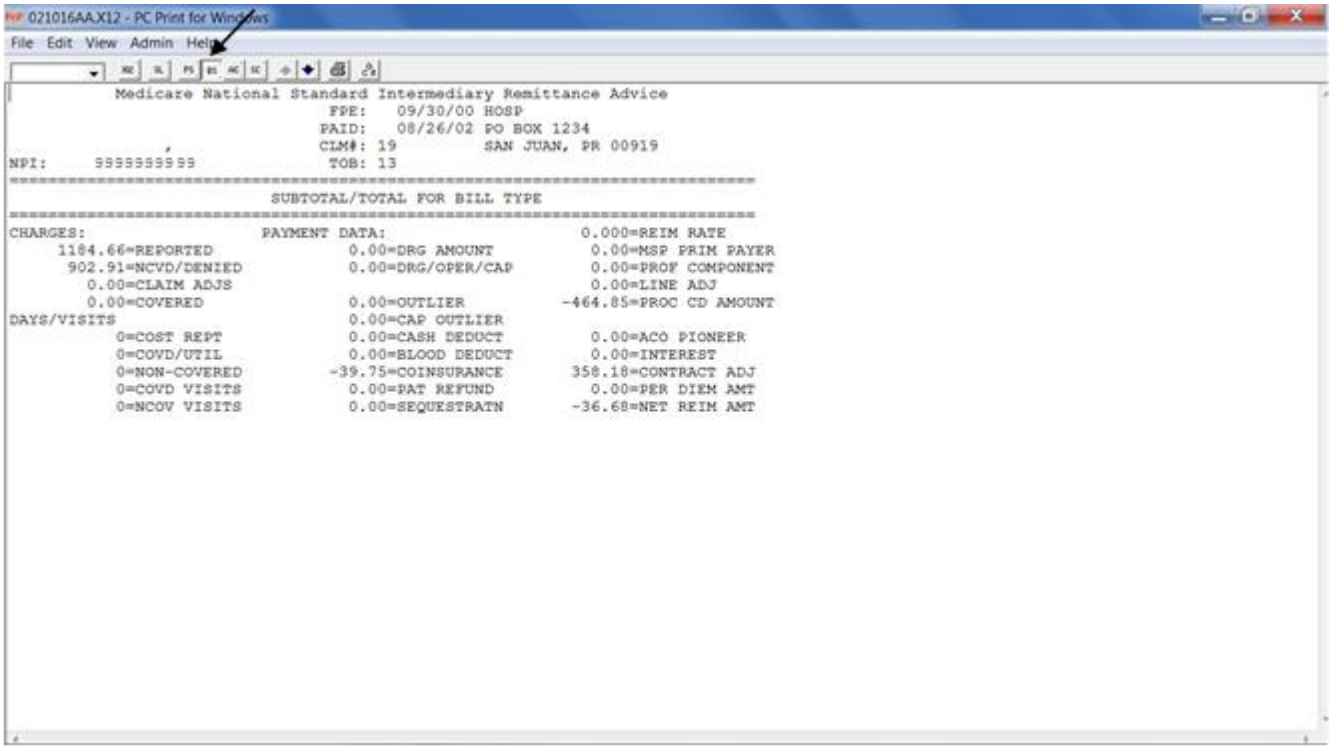


Figure 52. Bill Summary (BS) Screen Layout

8. Selecting the **BS** button brings up the Bill Summary screen. The Bill Type Summary is available from the **View** menu and as a keyboard sequence CTRL-B.

   NOTE: The Status Bar at the bottom of the screen displays the total number of claims.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

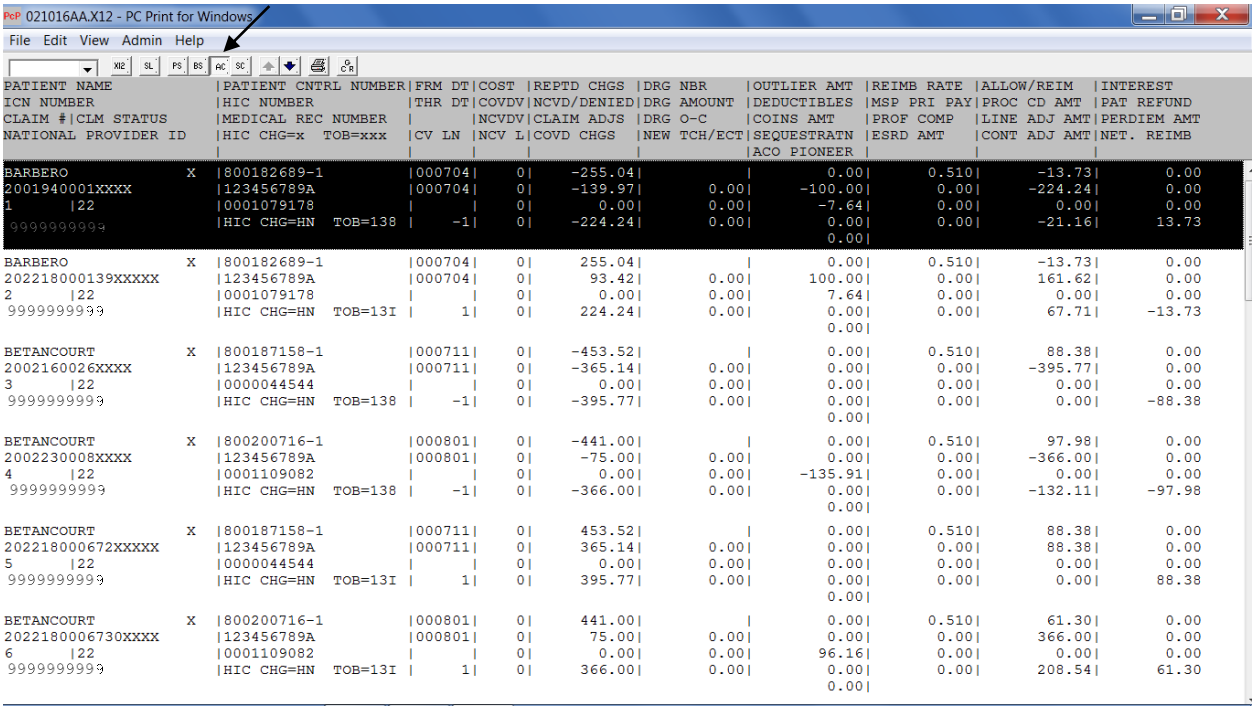
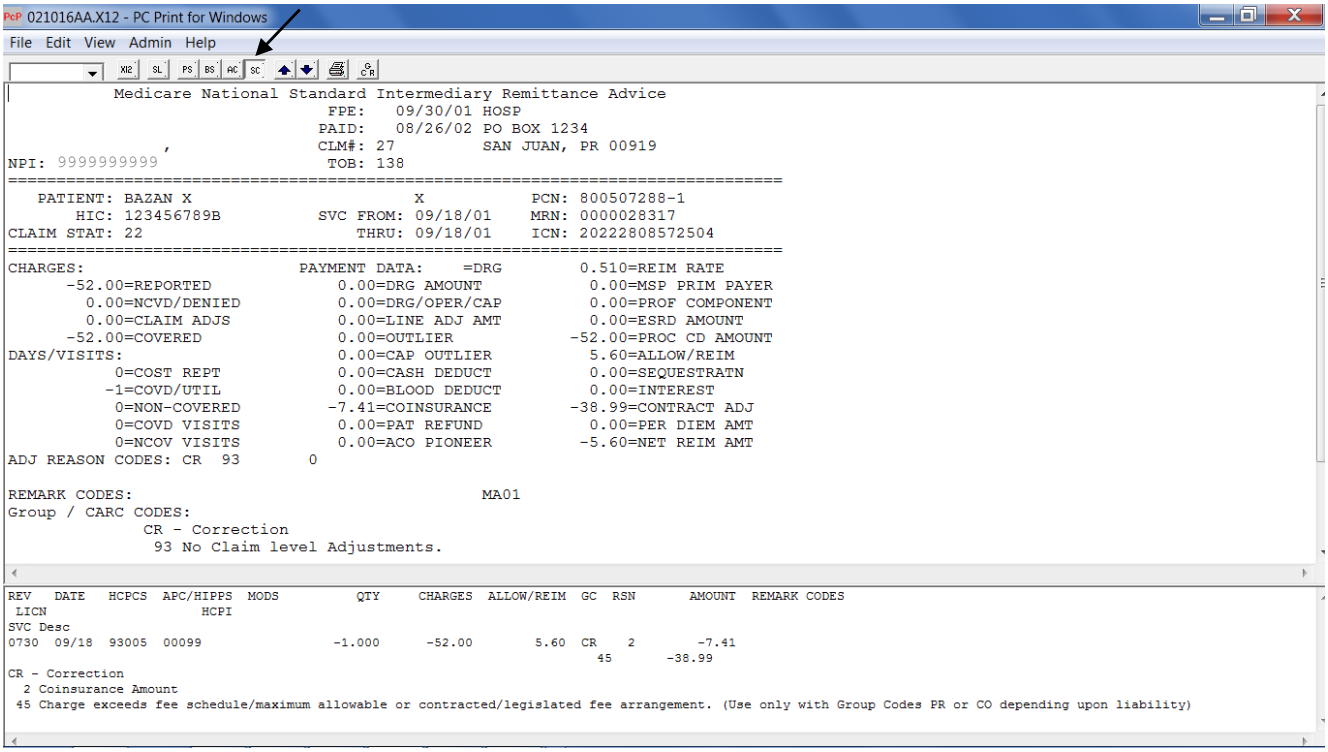


Figure 53. All Claims (AC) Screen Layout

9. Selecting the **AC** button brings up the All Claims screen. The All Claims screen is available from the **View** menu and as a keyboard sequence CTRL-A.

   NOTE: In the status bar at the bottom of the screen, it states which claims are being displayed, the total number of claims in the data file, and which claim is currently selected/highlighted. To view a second set of claims, click on the down arrow in the tool bar.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.


021016AA.X12 - PC Print for Windows
File Edit View Admin Help
Medicare National Standard Intermediary Remittance Advice
FPE: 09/30/01 HOSP
PAID: 08/26/02 PO BOX 1234
CLM#: 27 SAN JUAN, PR 00919
NPI: 9999999999 TOB: 138
PATIENT: BAZAN X X PCN: 800507288-1
HIC: 123456789B SVC FROM: 09/18/01 MRN: 0000028317
CLAIM STAT: 22 THRU: 09/18/01 ICN: 20222808572504
CHARGES: PAYMENT DATA: =DRG 0.510=REIM RATE
-52.00=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER
0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT
0.00=CLAIM ADJS 0.00=LINE ADJ AMT 0.00=ESRD AMOUNT
-52.00=COVERED 0.00=OUTLIER -52.00=PROC CD AMOUNT
DAYS/VISITS: 0.00=CAP OUTLIER 5.60=ALLOW/REIM
0=COST REPT 0.00=CASH DEDUCT 0.00=SEQUESTRATN
-1=COVD/UTIL 0.00=BLOOD DEDUCT 0.00=INTEREST
0=NON-COVERED -7.41=COINSURANCE -38.99=CONTRACT ADJ
0=COVD VISITS 0.00=PAT REFUND 0.00=PER DIEM AMT
0=NCOV VISITS 0.00=ACO PIONEER -5.60=NET REIM AMT
ADJ REASON CODES: CR 93 0
REMARK CODES: MA01
Group / CARC CODES:
CR - Correction
93 No Claim level Adjustments.
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc
0730 09/18 93005 00099 -1.000 -52.00 5.60 CR 2 -7.41
45 -38.99
CR - Correction
2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)
Figure 54. Single Claim (SC) Screen Layout

10. Selecting the **SC,** Single Claim button accesses the single claim. Single Claim is available from the **View** menu and as a keyboard sequence CTRL-S.

    NOTE: The Status Bar at the bottom of the screen displays the total number of claims.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

CHAPTER 9

SYSTEM LAYOUT/MAPPING

This section provides the information necessary to see and understand the mapping for each report.

ALL CLAIMS REPORT

```
PROVIDER/NPI        | PROVIDER NAME        |FISCAL YEAR END     |FI/MAC NAME        |PAID DATE       PAGE#
PATIENT NAME   PATIENT CNTRL NUMBER   FRM DATE   COST   REPTD CHGS   DRG NBR   OUTLIER AMT      REIMB RATE   ALLOW/REIM            INTEREST
ICN NUMBER   HIC NUMBER             THR DATE      COVDV     NCVD/DENIED     DRG AMOUNT     DEDUCTABLE     MSP PRI PAY   PROC CD AMT   PAT REFUND
CLAIM #/ CLAIM STATUS   MEDICAL REC NUMBER                    NCVDV     CLAIM ADJS          DRG O-C               COIN AMT           PROF COMP    LINE ADJ AMT   PER DIEM AMT
NATIONAL PROVIDER ID   HIC CHG=X   TOB=XXX    CV LN       NCV1       COVD CHGS          NEW TECH/ECT   SEQUESTRATN   ESRD AMT     CONT ADJ AMT  NET REIMB

ACO PIONEER
```

Figure 55. Mapping 5010 835 to All Claims Report Header Layout

Field	Loop Segment Data Element
PROVIDER NUMBER/NPI	Loop 1000B, N1 Payee Identification, N104 when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 when N101 equal PE
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEIDARY NAME	Loop 1000A, N1 Payer Identification, N102 when N101 equals PR
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
PAGE NUMBER	PC Print sets the page
PATIENT NAME	Loop 2100, NM1 Patient Name, NM103 Last Name and NM104 First Name Initial
PATIENT CNTRL NUMBER	Loop 2100, CLP Claim Payment Information, CLP01 Claim Submitter's Identifier,
FRM DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 232
COST	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Cost Report Day Count
REPTD CHGS	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount

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Field	Loop Segment Data Element
DRG NBR	Loop 2100, CLP Claim Payment Information, CLP11 Diagnosis Related Group (DRG) Code
OUTLIER AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 equals ZM PIP Outlier Add-on.
REMIB RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines.
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest.
ICN NUMBER	Loop 2100, CLP Claim Payment Information, CLP07 Payer Claim Control Number
HIC NUMBER	Loop 2100, NM1 Patient Name, NM109 Patient Identifier when NM108 equals HN
THR DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 233
COVDV	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Covered Days or Visits Count
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122
DRG AMT	Loop 2100, MIA Inpatient Adjudication Information, MIA04 Claim DRG Amount
DEDUCTIBLE	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals 1 and or 66 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals adjustment codes 1 and 66

Use or disclosure of the data contained on this sheet is subject to
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Field	Loop Segment Data Element
MSP PRI PAY	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23
PROC CD AMT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPC Payable Amount
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0
CLAIM #	PC Print Assigned
CLAIM STATUS	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
MEDICAL REC NUMBER	Loop 2100, REF Other Claim Related Identification REF02 Other Claim Related Identifier when REF01 is EA
NCVDV	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
CLAIM ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
DRG O-C	Loop 2100, MIA Inpatient Adjudication Information equals MIA06 Claim Disproportionate Share Amount + MIA08 Claim PPS Capital Amount + MIA18 Claim Indirect Teaching Amount
COIN AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122

Use or disclosure of the data contained on this sheet is subject to
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Field	Loop Segment Data Element
PROF COMP	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89
LNE ADJ AMT	Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals DY Per Day Limit
NATIONAL PROVIDER ID (NPI)	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX
HIC CHG = X	Loop 2100, NM! Corrected Patient/Insured Name, NM109 Corrected Insured Identification Indicator when NM108 equal C Insured's Changed Unique Identification Number
TOB = XXX	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code in the first two positions of the XX and CLP09 Claim Frequency Code in the third position, last X
CV LN	Loop 2100, QTY Claim Supplemental Information, QTY02 Claim Supplemental Information Quantity when QTY01 equals CA Covered - Actual
NCV L	Not Used
COVD CHGS	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals AU Coverage Amount
NEW TECH/ECT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals ZL New Tech Add On
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
ACO PIONEER	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132
ESRD AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118
CONT ADJ AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59
NEW REIMB	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount

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restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

SINGLE CLAIM REPORT

PC PRINT
SINGLE CLAIM REPORT

```
------------------------------------------------------------------------------
           Medicare National Standard Intermediary Remittance Advice
HOSPITAL                              FPE:   09/30/01 HOSP
PO BOX 12345                         PAID:   08/26/02 PO BOX 1234
TAMPA          , FL 336313240        CLM#: 27         SAN JUAN, PR 00919
NPI: 1234567890                       TOB: 138
==============================================================================
   PATIENT: BAZAN X                          X          PCN: 800507288-1
       HIC: 123456789B              SVC FROM: 09/18/01    MRN: 0000028317
CLAIM STAT: 22                          THRU: 09/18/01    ICN: 20222808572504
==============================================================================
CHARGES:                           PAYMENT DATA:    =DRG        0.510=REIM RATE
      -52.00=REPORTED                 0.00=DRG AMOUNT           0.00=MSP PRIM PAYE
        0.00=NCVD/DENIED              0.00=DRG/OPER/CAP         0.00=PROF COMPONEN
        0.00=CLAIM ADJS               0.00=LINE ADJ AMT         0.00=ESRD AMOUNT
      -52.00=COVERED                  0.00=OUTLIER            -52.00=PROC CD AMOUN
DAYS/VISITS:                          0.00=CAP OUTLIER          5.60=ALLOW/REIM
           0=COST REPT                0.00=CASH DEDUCT          0.00=SEQUESTRATN
          -1=COVD/UTIL                0.00=BLOOD DEDUCT         0.00=INTEREST
           0=NON-COVERED             -7.41=COINSURANCE        -38.99=CONTRACT ADJ
           0=COVD VISITS              0.00=PAT REFUND           0.00=PER DIEM AMT
           0=NCOV VISITS              0.00=ACO PIONEER         -5.60=NET REIM AMT
ADJ REASON CODES: CR  93       0

REMARK CODES:                                      MA01
Group / CARC CODES:
              CR - Correction
               93 No Claim level Adjustments.
RARC CODES:                                     MA01
  MA01 Alert: If you do not agree with what we approved for these services, you
        our decision.  To make sure that we are fair to you, we require another
        that did not process your initial claim to conduct the appeal.  However
       to be eligible for an appeal, you must write to us within 120 days of th
       received this notice, unless you have a good reason for being late.
------------------------------------------------------------------------------------------------
REV   DATE   HCPCS  APC/HIPPS  MODS        QTY     CHARGES  ALLOW/REIM  GC  RSN      AMOUNT  REMARK CODES
 LICN                HCPI
SVC Desc
0730  09/18  93005  00099              -1.000     -52.00       5.60  CR    2       -7.41
                                                                      45      -38.99
 2 Coinsurance Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group C
------------------------------------------------------------------------------------------------
```

Figure 56. Mapping 5010 835 to Single Claim Report Layout

Field	Loop Segment Data Element

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, Zip Code, N401 City, N402 State, N403 Zip Code
CLM#	PC Print Assigned
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State, Zip Code, N401 City, N401 State, N403 Zip Code
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
TOB	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code and CLP09 Claim Frequency Code.
TRANSFER TO (COB)	Loop 2100, NM1 Crossover Carrier Name, NM103 Coordination of Benefits Carrier Name.
ID Code	Loop 2100, NM1 Crossover Carrier Name, NM109 Coordination of Benefits Carrier Identifier when NM108 is ‘PI’ – Payor Identification.
PATIENT	Loop 2100, NM1 Patient Name, NM103 Patient Last Name, NM104 Patient First Name Initial
PCN	Loop 2100, CLP Claim Payment Information, CLP01 Patient Control Number
HIC	Loop 2100, NM1 Patient Name, NM109 Patient identifier when NM108 is ‘HN’- Health Insurance Claim (HIC) Number.
SVC FROM	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is ‘232’ – Claim Statement Period Start.
MRN	Loop 2100, REF Other Claim Related Identification, REF02 when REF01 is ‘EA’- Medical Record Identification Number.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
CLAIM STAT	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code.
THRU	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '233'- Claim Statement Period End.
ICN	Loop 2100, CLP Claim Payment Information, CLP07 Claim Payment Control Number.

CHARGES

Field	Loop Segment Data Element
REPORTED	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount.
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122) and Loop 2110, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 118, 122)
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
COVERED	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 is 'AU' Coverage Amount.

DAYS/VISITS

Field	Loop Segment Data Element
COST REPT	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Total Cost Report Day Count
COV/UTIL	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Total Covered Days or Visits Count
NON-COVERED	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'CA'- Covered - Actual.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'NE' – Non-Covered - Estimated.

PAYMENT DATA

Field	Loop Segment Data Element
DRG	Loop 2100, CLP Claim Payment Information, CLP11 Diagnosis Related Group – DRG Code.
DRG AMOUNT	Loop 2100, MIA Inpatient Adjudication Information, MIA04 Claim DRG Amount.
DRG/OPER/CAP	Loop 2000, MIA Inpatient Adjudication Information, MIA06 Claim Disproportionate Share Amount, plus MIA08 Claim PPS Capital Amount, plus MIA 18 Claim Indirect Teaching Amount.
LINE ADJ AMT	Loop 2110, Service Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
OUTLIER	Loop 2100, AMT Claim Supplemental Information, Amt02 when Amt01 is 'ZM' Add-on Outlier.
CAP OUTLIER	Loop 2100, MIA Inpatient Adjudication Information, MIA17 Claim PPS Capital Outlier Amount.
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '1'.
BLOOD DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '66'.
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '2, 3 and 122'.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 'A0'.
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate.
MSP PRIM PAYER	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '23'.
PROF COMPONENT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '89'.
ESRD AMOUNT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '118'.
PROC CD AMOUNT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPCS Payable Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines.
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'I'.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

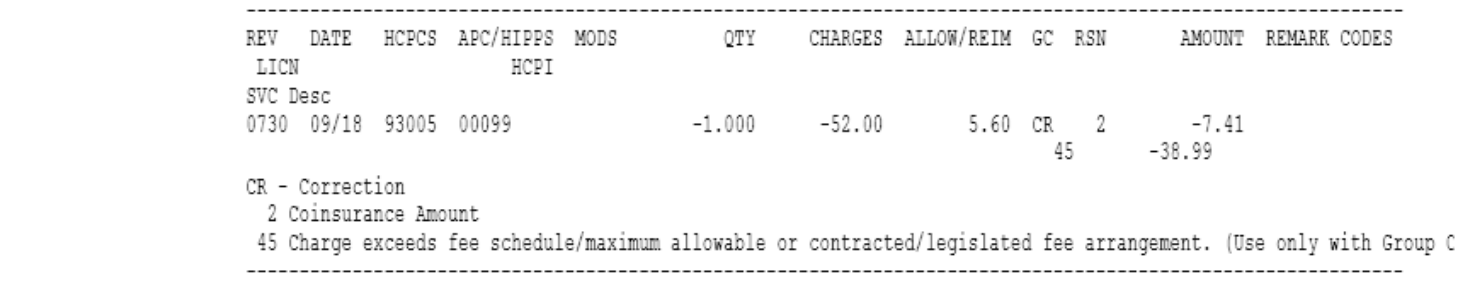
Field	Loop Segment Data Element
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59.
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'DY'.
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount.
ACO PIONEER	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132

ADJ REASON CODES

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.
ADJUSTMENT AMOUNT	Loop 2100, CAS Claim Adjustment, Adjustment Amount CAS03, CAS06, CAS09, CAS12, CAS15, CAS18.
REMARK CODES	Loop 2100, MIA Inpatient Adjudication Information, Claim Payment Remark Codes MIA05, MIA20, MIA21, MIA22, MIA23. And Loop 2100, MOA Outpatient Adjudication Information, Claim Payment Remark Code MOA03, MOA04, MOA05, MOA06, MOA07

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

SINGLE CLAIM REPORT
Service Lines



```
---------------------------------------------------------------------------------------------------------------
REV   DATE   HCPCS  APC/HIPPS  MODS          QTY     CHARGES  ALLOW/REIM  GC  RSN       AMOUNT  REMARK CODES
 LICN                  HCPI
SVC Desc
0730  09/18  93005  00099                -1.000      -52.00        5.60  CR    2        -7.41
                                                                          45       -38.99

CR - Correction
  2 Coinsurance Amount
 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group C
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```

Figure 57. Mapping 5010 835 to Single Claim Report Layout – Service Lines

First Revenue Line Headings

Field	Loop Segment Data Element
REV	Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'NU' – National Uniform Billing Committee (NUBC) Codes.
DATE	Loop 2110, DTM Service Date, DTM02 when DTM01 is '472 – Service.
HCPCS	Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HC' - Health Care Common Procedural Coding System (HCPCS).
APC/HIPPS	Loop 2110, REF Service Identification, REF02 when REF01 is 'APC' – Ambulatory Payment Classification or REF01 is '1S' – Ambulatory Patient Group (APG) Number. And Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HP' – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.
MODS	Loop 2110, SVC Service Payment Information, Procedure Modifiers SVC01-3, SVC01-4, SVC01-5, SVC01-6.
QTY	Loop 2110, SVC Service Payment Information, SVC05 Units of Service Paid Count.
CHARGES	Loop 2110, SVC Service Payment Information, SVC02 Line Item Charge Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
GC	Loop 2110, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
RSN	Loop 2110, CAS Claim Adjustment, Adjustment Reason Codes CAS02, 05, 08, 11, 14, 17.
AMOUNT	Loop 2110, CAS Claim Adjustment, Adjustment Amount CAS03, 06, 09, 12, 15, 18.
REMARK CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

Second Revenue Line Headings

Field	Loop Segment Data Element
LICN	Loop 2110, REF Line Item Control Number, REF02 when REF01 is equal 6R.
HCPI	Loop 2110, REF Healthcare Policy Identification, REF02 when REF01 is 0K.

Third Revenue Line Headings

Field	Loop Segment Data Element
SVC DESC	Loop 2110, SVC Service Payment Information, when SVC06-7 is present and greater than spaces.

GROUP/CARC CODES

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.

RARC CODES

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

BILL TYPE SUMMARY REPORT

PC PRINT
BILL SUMMARY REPORT

Medicare National Standard Intermediary Remittance Advice
LR NPI Provider FPE: 09/30/2008 PBSI – FISS
9999 N. Street PAID: 22/0 /1090 999 Road
LRAR 99999 CLM#: 3 LR AR 99999
NPI: 9999999999 TOB: 11
==========
SUBTOTAL/TOTAL FOR BILL TYPE
==========

CHANGES:	PAYMENT DATA:	0.000=REIM RATE
6900.00=REPORTED	0.00=DRG AMOUNT	0.00=MSP PRIM PAYER
4600.00=NCVD/DENIED	0.00=DRG/OPER/CAP	0.00=PROF CONFPONENT
0.00=CLAIM ADJS		0.00=LINE ADJ
0.00=COVERED	0.00=OUTLIER	0.00=PROC CD AMOUNT
DAYS/VISITS	0.00=CAP OUTLIER	
12=COST REPT	0.00=CASH DEDUCT	
12=COVD/UTIL	0.00=BLOOD DEDUCT	0.00=INTEREST
0=NON-COVERD	0.00=COINSURANCE	0.00=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND	0.00=PER DIEM AMT
0=NCOV VISITS	0.00=SEQUESTRATN	0.00=NET REIM AMT
	0.00=ACO PIONEER	

Figure 58. Mapping 5010 835 to Bill Summary Report Layout

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name when N101 equals PE
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name when N101 equals PR
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
CLM#	Loop 2000, TS3 Provider Summary Information, TS304 Total Claim Count
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
TOB	Loop 2000, TS3 Provider Summary Information, TS302 Facility Type Code

CHARGES

Field	Loop Segment Data Element
REPORTED	Loop 2000, TS3 Provider Summary Information, T305 Total Claim Charge Amount
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code does NOT equal 1, 2, 3, 23, 45, 59, 66, 70, 89, 118, 122, A0, and A7 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code does NOT equal 1, 2, 3, 23, 45, 59, 66, 70, 89, 118, 122, A0, and A7.
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
COVERED	Loop 2100, AMT Claims Supplemental Information, sum of AMT02 when AMT01 equals AU.

DAYS/VISITS

Field	Loop Segment Data Element
COST REPT	Loop 2000, TS2 Provider Supplemental Summary Information, TS212 Total Cost Report Day Count
COV/UTIL	Loop 2000, TS2 Provider Supplemental Summary Information, TS213 Total Covered Day Count
NON-COVERED	Loop 2000, TS2 Provider Supplemental Summary Information, TS214 Total Non Covered Day Count

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals VS. This is the sum of all claims in the LX loop.
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals NE. This is the sum of all claims in the LX loop.

PAYMENT DATA

Field	Loop Segment Data Element
DRG AMOUNT	Loop 2000, TS2 Provider Supplemental Summary Information, TS201 Total DRG Amount
DRG/OPER/CAP	Loop 2000, TS2 Provider Supplemental Summary Information, TS202 Total Federal Specific Amount plus TS203 Total Hospital Specific Amount plus TS204 Total Disproportionate Share Amount plus TS206 Total Indirect medical Education Amount.
OUTLIER	Loop 2000, TS2 Provider Supplemental Summary Information, TS208 Total Day Outlier Amount plus TS209 Total Cost Outlier Amount.
CAP OUTLIER	Loop 2100, MIA Inpatient Adjudication Information, MIA17 Claim PPS Capital Outlier Amount. This is the sum of all claims in the LX Loop.
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 1 Deductible and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 1 Deductible.
BLOOD DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 66 Blood Deductible and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 66 Blood Deductible.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 2 Coinsurance, 3 Co-Payment, and 122 Psychiatric Reduction and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals PR and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 2 Coinsurance, 3 Co-Payment, and 122 Psychiatric Reduction.
PAT REFUND	Loop 2000, TS3 Provider Summary Information, TS322 Total Patient Reimbursement Amount.
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
ACO PIONEER	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 132
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate.
MSP PRIM PAYER	Loop 2000, TS3 Provider Summary Information, TS313 Total MSP Payer Amount.
PROF COMPONENT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 89 Professional Fees removed from charges and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15, and 18 Adjustment Amount when CAS01 Group Code equals CO and CAS02, 05, 08, 11, 14, and 17 Reason Code equals 89 Professional Fees removed from charges.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
LINE ADJ	Loop 2110, Service Line Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when CAS01 equals OA and Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A7
PROC CD AMOUNT	Loop 2000, TS3 Provider Summary Information, TS318 Total HCPCS Payable Amount.
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest. This is the sum of all claims in the LX Loop.
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and 59.
PER DIEM AMT	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'DY'. This is the sum of all claims in the LX Loop.
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount. This is the sum of all claims in the LX Loop.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

PROVIDER PAYMENT SUMMARY REPORT

PC PRINT
PAYEE SUMMARY REPORT

Medicare National Standard Remittance Advice
Provider Summary Hospital PBSI - FISS
789 River Rd. 123 River Rd
LR FL 32206 LR AR 72207
NPI: 1821186313
CHECK / EFT NUMBER: 0000459988
==========
PAYMENT SUMMARY
PAYMENT TOTAL: 2421.43 BILLING CYCLE: 12/03/2009
TOTAL CLAIMS: 4 TOTAL PIP CLAIMS: 0

FINANCIAL ADJUSMENTS
L3/SW: 1000.00 L6/IN: -105.13 AP/AW: 150.00

Payer Business Contact Information
Telephone:
Telephone Extension:
Facsimile:
Electronic Mail:

Payer Technical Contact Information
Telephone:
Facsimile:
Electronic Mail:
Uniform Resource Locator (URL):
Payer Web Site Uniform Resource Locator (URL):

Figure 59. Mapping 5010 835 to Provider Payment Summary Report Layout

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name when N101 equals PE
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name when N101 equals PR
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State and Zip Code, N401 City, N402 State or Province Code, N403 Postal Code
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
CHECK/EFT NUMBER	Header TRN Re-association Trace Number, TRN02 Check or EFT Trace Number

PAYMENT SUMMARY

Field	Loop Segment Data Element
PAYMENT TOTAL	Header, BPR Financial Information, BPR02 Total Actual Provider Payment Amount
BILLING CYCLE	Header, BPR Financial Information, BPR16 Check/EFT Effective Date
TOTAL CLAIMS	Loop 2000, TS3 Provider Summary Information, TS304 Total Claim Count
TOTAL PIP CLAIMS	Loop 2000, TS3 Provider Summary Information, TS323 Total PIP Claim Count

FINANCIAL ADJUSTMENTS

Field	Loop Segment Data Element
ADJUSTMENT REASON CODE	Summary, PLB Provider Adjustment, Adjustment Reason Code PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1
PROVIDER ADJUSTMENT IDENTIFIER	Summary, PLB Provider Adjustment, Provider Adjustment Identifier PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2
PROVIDER ADJUSTMENT AMOUNT	Summary, PLB Provider Adjustment, Provider Adjustment Amount PLB04, PLB06, PLB08, PLB010, PLB12, PLB14

PAYER BUSINESS CONTACT INFORMATION

Field	Loop Segment Data Element
TELEPHONE	Loop 1000A, PER Payer Business Contact Information, PER04 when PER03 is TE or PER06 when PER05 is TE.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
TELEPHONE EXTENSION	Loop 1000A, PER Payer Business Contact Information, PER06 when PER05 is EX or PER08 when PER07 is EX.
FACSIMILE	Loop 1000A, PER Payer Business Contact Information, PER04 when PER03 is FX or PER06 when PER05 is FX.
ELECTRONIC MAIL	Loop 1000A, PER Payer Business Contact Information, PER04 when PER03 is EM or PER06 when PER05 is EM.

PAYER TECHNICAL CONTACT INFORMATION

Field	Loop Segment Data Element
TELEPHONE	Loop 1000A, PER Payer Technical Contact Information, PER04 when PER03 is TE or PER06 when PER05 is TE.
FACSIMILE	Loop 1000A, PER Payer Technical Contact Information, PER06 when PER05 is FX or PER08 when PER07 is FX.
ELECTRONIC MAIL	Loop 1000A, PER Payer Business Contact Information, PER04 when PER03 is EM or PER06 when PER05 is EM.
UNIFORM RESOURCE LOCATOR (URL)	Loop 1000A, PER Payer Technical Contact Information, PER04 when PER03 is UR or PER06 when PER05 is UR.
PAYER WEBSITE UNIFORM RESOURCE LOCATOR (URL)	Loop 1000A, PER Payer Web Site, PER04 when PER03 is UR.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

HOME HEALTH / HOSPICE ALL CLAIMS REPORT

Provider/NPI	Provider Name	Fiscal Year End	FI/MAC Name		Paid Date		Page #		
patient name	patient cntrl number	frm dt	cost	reptd chgs	sn days	ms days	reimb rate	allow/reim	interest
icn number	hic number	thr dt	covdv	ncvd/denied	pt days	na days	msp pri pay	proc cd amt	pat refund
claim #	claim status	medical rec number		ncvdv	claim adjs	st days	coin amt	prof comp	line adj amt	deductibles
national provider id	hic chg=x tob=xxx	cv ln	ncv l	covd chgs	ot days	sequestratn	esrd amt	cont adj amt	net reimb

Figure 60. Mapping 5010 835 to All Claims Report Header Layout

Field	Loop Segment Data Element
PROVIDER/NPI	Loop 1000B, N1 Payee Identification, N104 when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 when N101 equal PE
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 when N101 equals PR
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
PAGE NUMBER	PC Print sets the page
PATIENT NAME	Loop 2100, NM1 Patient Name, NM103 Last Name and NM104 First Name Initial
PATIENT CNTRL NUMBER	Loop 2100, CLP Claim Payment Information, CLP01 Claim Submitter's Identifier
FRM DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 232
COST	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Cost Report Day Count
REPTD CHGS	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount
SN DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 55X, this field value is equal to SVC05
MS DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 56X, this field value is equal to SVC05
REIMB RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines.
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals I Interest.
ICN NUMBER	Loop 2100, CLP Claim Payment Information, CLP07 Payer Claim Control Number
HIC NUMBER	Loop 2100, NM1 Patient Name, NM109 Patient Identifier when NM108 equals HN
THR DT	Loop 2100, DTM Statement From or To Date, DTM02 Claim Date when DTM01 equals 233
COVDV	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Covered Days or Visits Count
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals any adjustment code except 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122
PT DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 42X, 58X, 59X or 997, this field value is equal to SVC05
NA DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 57X, this field value is equal to SVC05
MSP PRI PAY	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 23
PROC CD AMT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPC Payable Amount

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals A0
CLAIM #	PC Print Assigned
CLAIM STATUS	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code
MEDICAL REC NUMBER	Loop 2100, REF Other Claim Related Identification REF02 Other Claim Related Identifier when REF01 is EA
NCVDV	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE
CLAIM ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97 Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97
ST DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 44X, this field value is equal to SVC05
COINS AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122 Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 2, 3 and 122
PROF COMP	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 89
LINE ADJ AMT	Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45, 94 and 97

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
DEDUCTIBLES	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when adjustment code in CAS02, 05, 08, 11, 14, 17 equals 1 and or 66 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals adjustment codes 1 and 66
NATIONAL PROVIDER ID	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX
HIC CHG = X	Loop 2100, NM! Corrected Patient/Insured Name, NM109 Corrected Insured Identification Indicator when NM108 equal C Insured's Changed Unique Identification Number
TOB = XXX	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code in the first two positions of the XX and CLP09 Claim Frequency Code in the third position, last X
CV LN	Loop 2100, QTY Claim Supplemental Information, QTY02 Claim Supplemental Information Quantity when QTY01 equals CA Covered – Actual
NCV L	Not Used
COVD CHGS	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental Information Amount when AMT01 equals AU Coverage Amount
OT DAYS	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 43X, this field value is equal to SVC05
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
ESRD AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
CONT ADJ AMT	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45
NET REIMB	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

HOME HEALTH / HOSPICE SINGLE CLAIM REPORT

PC PRINT
SINGLE CLAIM REPORT

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------------------------------------------------------------------------------
           Medicare National Standard Intermediary Remittance Advice
HOSPITAL                              FPE:   09/30/00 HOSP
PO BOX 12345                          PAID:   08/26/02 PO BOX 1234
TAMPA          , FL 336313240         CLM#: 1          SAN JUAN, PR 00919
NPI: 1234567890                       TOB: 851
==============================================================================
   PATIENT: BARBERO                          X          PCN: 800182689-1
       HIC: 123456789A                SVC FROM: 07/04/00    MRN: 0001079178
CLAIM STAT: 22                            THRU: 07/04/00    ICN: 2001940001XXXX
==============================================================================
CHARGES:                           PAYMENT DATA:    =DRG        0.510=REIM RATE
     -255.04=REPORTED                   0.00=DRG AMOUNT          0.00=MSP PRIM PAYEI
     -139.97=NCVD/DENIED                0.00=DRG/OPER/CAP        0.00=PROF COMPONENT
        0.00=CLAIM ADJS                 0.00=LINE ADJ AMT        0.00=ESRD AMOUNT
     -224.24=COVERED                    0.00=OUTLIER          -224.24=PROC CD AMOUNT
DAYS/VISITS:                            0.00=CAP OUTLIER       -13.73=ALLOW/REIM
           0=COST REPT                -100.00=CASH DEDUCT         0.00=SEQUESTRATN
          -1=COVD/UTIL                  0.00=BLOOD DEDUCT         0.00=INTEREST
           0=NON-COVERED               -7.64=COINSURANCE        -21.16=CONTRACT ADJ
           0=COVD VISITS                 0.00=PAT REFUND          0.00=PER DIEM AMT
           0=NCOV VISITS                 0.00=ACO PIONEER        13.73=NET REIM AMT
ADJ REASON CODES: CR  93       0

REMARK CODES:                                        MA01
Group / CARC CODES:
              CR - Correction
               93 No Claim level Adjustments.
RARC CODES:                                       MA01
  MA01 Alert: If you do not agree with what we approved for these services, you
        our decision.  To make sure that we are fair to you, we require anothe
        that did not process your initial claim to conduct the appeal.  Howeve
       to be eligible for an appeal, you must write to us within 120 days of t
       received this notice, unless you have a good reason for being late.
------------------------------------------------------------------------------------------------
REV   DATE   HCPCS  APC/HIPPS  MODS        QTY     CHARGES  ALLOW/REIM  GC  RSN      AMOUNT  REMARK CODES
 LICN                 HCPI
SVC Desc
0301  07/04  80048                      -1.000     -51.98      11.70  CR   42      -40.28
0305  07/04  85031                      -1.000     -17.33       7.37  CR   42       -9.96
0307  07/04  81000                      -1.000     -16.75       4.37  CR   42      -12.38
0324  07/04  71020     R                -1.000     -43.18     -11.62  CR    2       -2.39
                                                                        1      -31.25
                                                                       45      -21.16
0450  07/04  99201                      -1.000     -95.00     -25.55  CR    2       -5.25
                                                                        1      -68.75
                                                                       42      -46.55
0730  07/04  93005     0                 0.000     -30.80       0.00  CR   17      -30.80
CR - Correction
  1 Deductible Amount
  2 Coinsurance Amount
 17 Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provid
 42 Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group C
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Figure 61. Mapping 5010 835 to Single Claim Report Layout

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
PROVIDER NAME	Loop 1000B, N1 Payee Identification, N102 Payee Name
FPE	Loop 2000, TS3 Provider Summary Information, TS303 Fiscal Period Date
INTERMEDIARY NAME	Loop 1000A, N1 Payer Identification, N102 Payer Name
PAYEE ADDRESS	Loop 1000B, N3 Payee Address, N301 Payee Address Line
PAID	Header, BPR Financial Information, BPR16 Check/EFT Date
INTERMEDIARY ADDRESS	Loop 1000A, N3 Payer Address, N301 Payer Address Line
PROVIDER CITY/ST/ZIP	Loop 1000B, N4 Payee City, State, Zip Code, N401 City, N402 State, N403 Zip Code
CLM#	PC Print Assigned
INTERMEDIARY CITY/ST/ZIP	Loop 1000A, N4 Payer City, State, Zip Code, N401 City, N401 State, N403 Zip Code
NPI	Loop 1000B, N1 Payee Identification, N104 Payee Identification Code when N103 equals XX, else Loop 1000B, REF Payee Additional Identification, REF02 when REF01 equals PQ
TOB	Loop 2100, CLP Claim Payment Information, CLP08 Facility Type Code and CLP09 Claim Frequency Code.
TRANSFER TO (COB)	Loop 2100, NM1 Crossover Carrier Name, NM103 Coordination of Benefits Carrier Name.
ID CODE	Loop 2100, NM1 Crossover Carrier Name, NM109 Coordination of Benefits Carrier Identifier when NM108 is ‘PI’ – Payor Identification.
PATIENT	Loop 2100, NM1 Patient Name, NM103 Patient Last Name, NM104 Patient First Name and NM105 Patient Middle Name or Initial.
PCN	Loop 2100, CLP Claim Payment Information, CLP01 Patient Control Number
HIC	Loop 2100, NM1 Patient Name, NM109 Patient identifier when NM108 is ‘HN’- Health Insurance Claim (HIC) Number.
SVC FROM	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is ‘232’ – Claim Statement Period Start.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
MRN	Loop 2100, REF Other Claim Related Identification, REF02 when REF01 is 'EA'- Medical Record Identification Number.
CLAIM STAT	Loop 2100, CLP Claim Payment Information, CLP02 Claim Status Code.
THRU	Loop 2100, DTM Statement From or To Date, DTM02 when DTM01 is '233'- Claim Statement Period End.
ICN	Loop 2100, CLP Claim Payment Information, CLP07 Claim Payment Control Number.

CHARGES

Field	Loop Segment Data Element
REPORTED	Loop 2100, CLP Claim Payment Information, CLP03 Total Claim Charge Amount.
NCVD/DENIED	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122) and Loop 2110, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18 when CAS02, 05, 08, 11, 14, 17 does not equal 1, 2, 3, 23, 45, 66, 70, 89, 94, 97, 118, 122)
CLAIM ADJS	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15, 18
LINE ADJ AMT	Loop 2110, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount.
COVERED	Loop 2100, AMT Claim Supplemental Information, AMT02 when AMT01 is 'AU' Coverage Amount.

DAYS/VISITS

Field	Loop Segment Data Element
COST REPT	Loop 2100, MIA Inpatient Adjudication Information, MIA15 Total Cost Report Day Count
COV/UTIL	Loop 2100, MIA Inpatient Adjudication Information, MIA01 Total Covered Days or Visits Count
NON-COVERED	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 when QTY01 equals NE

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
COVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'CA'- Covered - Actual.
NCOVD VISITS	Loop 2100, QTY Claim Supplemental Information Quantity, QTY02 Claim Supplemental Information Quantity when QTY01 equals 'NE' – Non-Covered - Estimated.
REIM RATE	Loop 2100, MOA Outpatient Adjudication Information, MOA01 Reimbursement Rate.
HHA SN AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 55X, this field value is equal to SVC05
HHA PT AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 42X, this field value is equal to SVC05
HHA ST AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 44X, this field value is equal to SVC05
HHA OT AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 43X, 978 this field value is equal to SVC05
HHA MS AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 56X, this field value is equal to SVC05
HHA NA AMT	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 57X, this field value is equal to SVC05
HSP ROUT CARE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 651, this field value is equal to SVC05
HSP CONT CARE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 652, this field value is equal to SVC05
HSP GENERAL	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 656, this field value is equal to SVC05
HSP RESPITE	Loop 2110, SVC Service Payment Information, when SVC01-1 equals NU and SVC01-2 equals 655, this field value is equal to SVC05
HSP PHYS SVC	Loop 2110, SVC Service Payment Information, when SVC01-1 equals HC and SVC01-2 equals 657, this field value is equal to SVC05

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
HSP OTH	Loop 2110, SVC Service Payment Information, when SVC01-1 equals HC and SVC01-2 equals 659, this field value is equal to SVC05
COINSURANCE	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '2, 3 and 122'.
MSP PRIM PAYER	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '23'.
CASH DEDUCT	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is '1'.
PAT REFUND	Loop 2100, CAS Claim Adjustment, CAS03 Adjustment Amount, CAS06 Adjustment Amount, CAS09 Adjustment Amount, CAS12 Adjustment Amount, CAS15 Adjustment Amount, CAS18 Adjustment Amount when CAS02 is 'A0'.
PROC CD AMOUNT	Loop 2100, MOA Outpatient Adjudication Information, MOA02 Claim HCPCS Payable Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount, this is the sum of all revenue lines.
SEQUESTRATN	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 118 and group code CO and CARC 223
INTEREST	Loop 2100, AMT Claim Supplemental Information, AMT02 Claim Supplemental information Amount when AMT01 equals 'I'.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
CONTRACT ADJ	Loop 2100, CAS Claim Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45 and Loop 2110, CAS Service Adjustment, CAS03, 06, 09, 12, 15 and 18 Adjustment Amount when Adjustment Code in CAS02, 05, 08, 11, 14, 17 equals 45
NET REIM AMT	Loop 2100, CLP Claim Payment Information, CLP04 Claim Payment Amount.

ADJ REASON CODES

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.
ADJUSTMENT AMOUNT	Loop 2100, CAS Claim Adjustment, Adjustment Amount CAS03, CAS06, CAS09, CAS12, CAS15, CAS18.
REMARK CODES	Loop 2100, MIA Inpatient Adjudication Information, Claim Payment Remark Codes MIA05, MIA20, MIA21, MIA22, MIA23. And Loop 2100, MOA Outpatient Adjudication Information, Claim Payment Remark Code MOA03, MOA04, MOA05, MOA06, MOA07

GROUP/CARC CODES

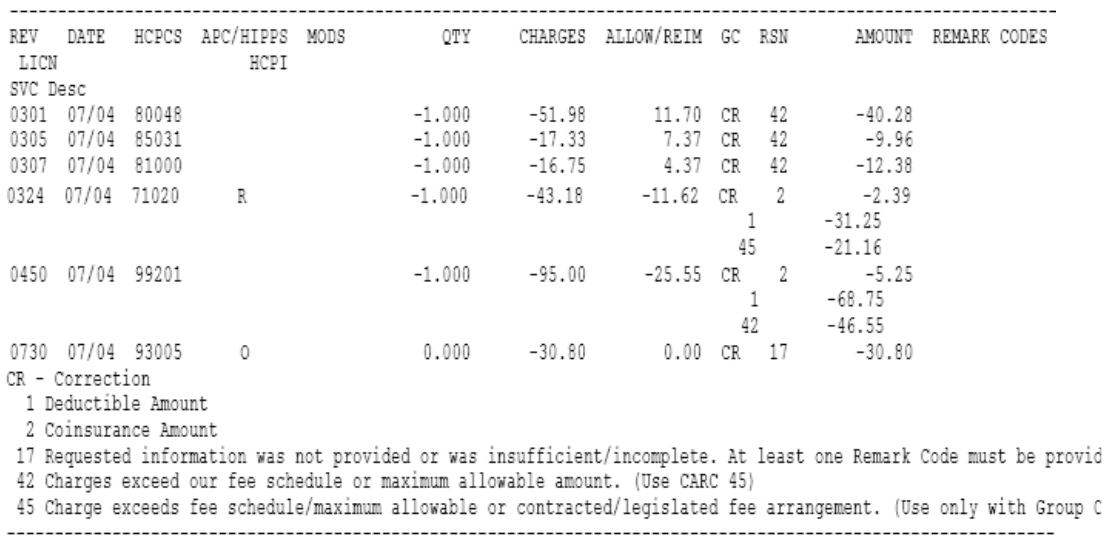
Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.

RARC CODES

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is ‘HE’ – Claim Payment Remark Codes.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

SINGLE CLAIM REPORT
Service Lines



REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
LICN			HCPI								
SVC Desc											
0301	07/04	80048			-1.000	-51.98	11.70	CR	42	-40.28	
0305	07/04	85031			-1.000	-17.33	7.37	CR	42	-9.96	
0307	07/04	81000			-1.000	-16.75	4.37	CR	42	-12.38	
0324	07/04	71020		R	-1.000	-43.18	-11.62	CR	2	-2.39	
									1	-31.25	
									45	-21.16	
0450	07/04	99201			-1.000	-95.00	-25.55	CR	2	-5.25	
									1	-68.75	
									42	-46.55	
0730	07/04	93005		O	0.000	-30.80	0.00	CR	17	-30.80	

CR - Correction
1 Deductible Amount
2 Coinsurance Amount
17 Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provid
42 Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group C

Figure 62. Mapping 5010 835 to Single Claim Report Layout – Service Lines

First Revenue Line Headings

Field	Loop Segment Data Element
REV	Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'NU' – National Uniform Billing Committee (NUBC) Codes.
DATE	Loop 2110, DTM Service Date, DTM02 when DTM01 is '472 – Service.
HCPCS	Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HC' - Health Care Common Procedural Coding System (HCPCS).
APC/HIPPS	Loop 2110, REF Service Identification, REF02 when REF01 is 'APC' – Ambulatory Payment Classification or REF01 is '1S' – Ambulatory Patient Group (APG) Number. And Loop 2110, SVC Service Payment Information, SVC01-2 when SVC01-1 is 'HP' – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.
MODS	Loop 2110, SVC Service Payment Information, Procedure Modifiers SVC01-3, SVC01-4, SVC01-5, SVC01-6.

Use or disclosure of the data contained on this sheet is subject to
restrictions of contract #HHSM-500-2007-00016I, Task Order HHSM-500-T0003.

Field	Loop Segment Data Element
QTY	Loop 2110, SVC Service Payment Information, SVC05 Units of Service Paid Count.
CHARGES	Loop 2110, SVC Service Payment Information, SVC02 Line Item Charge Amount.
ALLOW/REIM	Loop 2110, SVC Service Payment Information, SVC03 Line Item Provider Payment Amount.
GC	Loop 2110, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
RSN	Loop 2110, CAS Claim Adjustment, Adjustment Reason Codes CAS02, 05, 08, 11, 14, 17.
AMOUNT	Loop 2110, CAS Claim Adjustment, Adjustment Amount CAS03, 06, 09, 12, 15, 18.
REMARK CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

Second Revenue Line Headings

Field	Loop Segment Data Element
LICN	Loop 2110, REF Line Item Control Number, REF02 when REF01 is equal 6R.
HCPI	Loop 2110, REF Healthcare Policy Identification, REF02 when REF01 is 0K.

Third Revenue Line Headings

Field	Loop Segment Data Element
SVC Desc	Loop 2110, SVC Service Payment Information, when SVC06-7 is present and greater than spaces.

GROUP/CARC CODES

Field	Loop Segment Data Element
GROUP CODES	Loop 2100, CAS Claim Adjustment, CAS01 Claim Adjustment Group Code.
ADJUSTMENT REASON CODES	Loop 2100, CAS Claim Adjustment, Adjustment Reason Codes CAS02, CAS05, CAS08, CAS11, CAS14, CAS17.

RARC CODES

Field	Loop Segment Data Element
REMITTANCE ADVICE REASON CODES	Loop 2110, LQ Health Care Remark Codes, LQ02 when LQ01 is 'HE' – Claim Payment Remark Codes.

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REVISION LOG

Date	Revised By	Reason	Release	Description
06/13/13	D. Skladnowski	FISS Doc Redesign	N/A	FISS documentation redesign
2/14/14	Terry Fenton	Updates	C2014200	Added ACO PIONEER information
03/31/14	Karen Bryan and Jeanette Walden	CR8140 and CR8479	C2014200	Added Group, CARC and RARC display function (GCR) and related screen prints. Added headers per User Manual Template.
04/30/14	D. Angeloff	FISS Doc Redesign	N/A	Made 508 Compliant
04/24/14	Jeanette Walden	CR8479U1	C201422P	Updated the SC Button, SC Report Service Line sections and replaced the Single Claim screen prints to depict the changes made to add the Group, CARC and RARC information at the line level of the Single Claim screen view and report.
10/06/14	Diane Floyd	CR8479R1	C201441P	Updated to add new Business Scenario button Bus.Sce.and related screen prints.
11/18/14	Sandra Brunson	R11565	C201513B	Changed PC-Print Version to 5.0.1

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